

**BABY WATCH  
EARLY INTERVENTION PROGRAM**



**UTAH STATE PLAN**

**THE INDIVIDUALS WITH DISABILITIES ACT  
(P.L.105-17)**

**Part C  
Early Intervention Program  
For Infants and Toddlers with Disabilities**

**LEAD AGENCY  
UTAH DEPARTMENT OF HEALTH  
DIVISION OF COMMUNITY AND FAMILY HEALTH SERVICES  
CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
Box 144720  
Salt Lake City, Utah 84114-4720  
(801) 584-8226**

**Submitted 1999**

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Inasmuch as the Congress of the United States has found that there is an urgent and substantial need -

1. to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay;
2. to reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;
3. to minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independently living in society;
4. to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and,
5. to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

and

it is the policy of the United States to provide financial assistance to states

1. to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;
2. to facilitate the coordination of payment for early intervention services from Federal, State, local and private sources (including public and private insurance coverage);
3. to enhance their capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and,
4. to encourage States to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.

Therefore, it is the policy of the State of Utah to maintain and continue to implement a statewide, comprehensive, coordinated, interagency, multidisciplinary system for providing early intervention services to infants and toddlers with disabilities and their families eligible in the State under Utah's Part C definition of eligibility.

## **Part C Assurances as Utah Policy**

### [§303.121] Reports and Records

The State of Utah assures that they are responsible for:

- making reports in such form and containing such information as the Secretary may require; and,
- keeping such records and affording such access to those records as the Secretary may find necessary to assure compliance with the requirements of Part C, the correctness and verification of reports and the proper disbursement of funds provided under Part C.

### [§303.122] Control of Funds and Property

The State of Utah assures that:

- the control of funds provided under Part C, and title to property (materials, supplies, equipment, etc.) acquired with those funds, will be in a public agency for the uses and purposes provided in this part; and,
- a public agency will administer the funds and property.

### [§303.123] Prohibition Against Commingling

The State of Utah assures that the funds made available under this part:

- will not be commingled with State funds; and,
- will be monitored through the use of an accounting system that includes an “audit trail” of the expenditures of funds awarded under Part C.

### [§303.124] Prohibition Against Supplanting

The State of Utah assures that Federal funds made available under Part C will be used to supplement and increase the level of State and local funds expended for children eligible under this part and their families and in no case to supplant those State and local funds.

The State of Utah further assures that the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services must be at least equal to the total amount of State and local funds actually expended for early intervention services in the most recent preceding fiscal year.

### [§303.125] Fiscal Control

The State of Utah assures that such fiscal control and fund accounting procedures will be adopted as may be necessary to ensure proper disbursement of, and accounting for, Part C funds.

### [§303.126] Payor of Last Resort

The State of Utah assures that Part C funds will not be used to satisfy the financial commitment for services that would otherwise have been paid for from other public (Federal, State, and local) or private sources.

The State of Utah assures that the State will comply with the provisions in 303.527, including the requirements on:

- a) Nonsubstitution of funds;
- b) Interim payments/reimbursements; and,
- c) Non-reduction of other benefits<sup>1</sup>

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<sup>1</sup> See, “Policies and Procedures Related to Financial Matters”

§303.127] Assurance Regarding Expenditure of Funds

The State of Utah assures that Part C funds will be expended in accordance with the provisions of Part C, including the requirements in §303.3.

§303.128] Traditionally Underserved Groups

The State of Utah assures that:

- traditionally underserved groups, including minority, low-income, inner city, rural families, and those residing on reservations in the state, are meaningfully involved in the planning and implementation of all the requirements of Part C; and,
- these families have access to culturally competent services within their local geographical areas.

§303.144] Activities That May Be Supported Under Part C

The State of Utah assures that Part C funds will be used to support:

- the maintenance and continued implementation of the statewide early intervention system;
- direct early intervention services for infants and toddlers with disabilities and their families not otherwise funded through other public or private sources;
- expansion and improvement of services for eligible infants and toddlers and their families;
- the provision of services until the eligible child's third birthday. (In Utah, on the child's third birthday, Part B funds are responsible for providing FAPE.)<sup>2</sup>
- the establishment of linkages and collaborative efforts related to at-risk infants and toddlers<sup>3</sup>

**EDGAR Assurances as Utah Policy**

The State of Utah assures that:

1. the application is submitted by the State agency that is eligible to submit the application
2. the State agency has authority under State law to perform the functions of the State under the program
3. the State legally may carry out each provision of the application
4. all provisions of the application are consistent with State law
5. a State officer, specified by title in the certification, has authority under State law to receive, hold, and disburse Federal funds made available under Part C
6. the State officer who submits this application, specified by title in the certification, has authority to submit the application
7. the agency that submits the application has adopted or otherwise formally approved the application
8. the application is the basis for State operation and administration of the program

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<sup>2</sup> See, "Transition to Preschool Programs"

<sup>3</sup> See, "Use of Funds"

## DEFINITIONS

Definitions of terms used in this application conform to the Part C Statute and previous Early Intervention Regulations and are as follows:

**Act** [§303.6]- "Act" means the Individuals with Disabilities Education Act.

**Applicable Regulations** [§303.5] - "Applicable Regulations means"

1. The Education's Department General Administrative Regulations (EDGAR), including --
  - (a) Part 76 (State administered programs)
  - (b) Part 77 (Definitions)
  - (c) Part 79 (Intergovernmental Review)
  - (d) Part 80 (Uniform administrative requirements)
  - (e) Part 81 (Enforcement of grants)
  - (f) Part 82 (Lobbying restrictions)
  - (g) Part 85 (Drug-Free Work Place)
  
2. The regulations of the part 303(3) (Part III, Department of Education, 34 CFR Part 303, Early Intervention Programs for Infants and Toddlers with Disabilities).
  - a. Regulations from 34 CFR part 300 (special education Pt B regulations) 300.560 through 300.576 and 300.581 through 300.586.
  
  - b. In applying the regulations cited in paragraphs (a)(1) and (a)(3) of this sections, any reference to-(1) State education agency means the Lead agency under this part; Participating agency, when used in reference to a local educational agency .. means a local service provider under this part (Authority: 20 U.S.C. 1401-1418, 1420, and 1438)

... and any other requirements, regulations or procedures required by the state of Utah and/or the Utah Department of Health including contract Special & General Provisions; applicable Office for Management & Budget Circulars; Utah's Part C, Early Intervention State Plan; Utah's Procedure Manual for local Early Intervention Programs; The Americans with Disabilities Act, etc.

**Baby Watch Early Intervention Program (BWEIP)** [§303.11] A program within the Utah department of health, responsible for the administration of the statewide Part C Early Intervention system, for children with disabilities under three years of age, and their families. "Early intervention program" means the total effort in Utah that is directed at meeting the needs of eligible children and their families.

**Children** [§303.7] - "Children" means "infants and toddlers with disabilities", including Indian infants and toddlers with disabilities residing on a reservation geographically located in the State.

**Council** [§303.8] - "Council" means Utah's Interagency Coordinating Council for Infants and Toddlers with Special Needs and Their Families.

**Days** [§303.9] - "Days" means calendar days.

**Developmental delay** [§303.10] - "Developmental delay" has the meaning given to that term by Utah on page 26 of this application.

**Early intervention services** [§303.12] -

- A. "Early intervention services" means developmental services that:
1. Are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development.
  2. Are selected in collaboration with the parents.
  3. Are provided --
    - a. Under Public supervision.
    - b. By "qualified" personnel, as defined in this application.
    - c. In conformity with an Individualized Family Service Plan (IFSP).
    - d. At no cost, unless Utah law provides a system of payments by families, including a schedule of sliding fees.
  4. Meet the standards of the State of Utah Baby Watch Early Intervention Program and the Federal Program for Infants and Toddlers with Disabilities, Part C of IDEA (1997 Amendments) and include the types of services noted in D, below.
- B. Natural Environments. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.
- C. General role of service providers. To the extent appropriate, service providers in each area of early intervention services are responsible for --
1. Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area.
  2. Training parents and others regarding the provision of those services.
  3. Participating in the multidisciplinary team's assessment of a child and child's family, and in the development of integrated goals and outcomes for the Individualized Family Service Plan.
- D. Types of services definitions. Following are types of services included under "early intervention services:"
1. "Family training, counseling and home visits" means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and providing parents with information about child development.
  2. "Special instruction" includes --
    - a. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction.

- b. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan.
  - c. Providing families with information, skills, and support related to enhancing the skill development of the child.
  - d. Working with the child to enhance the child's development.
3. "Speech-language pathology and audiology" includes --
- a. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills.
  - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oro-pharyngeal disorders and delays in development of communication skills.
  - c. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

"Audiology" includes:

- a. Identification of children with auditory impairment, using at-risk criteria and appropriate audiological screening techniques.
- b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- c. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment.
- d. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services.
- e. Provision of services for prevention of hearing loss.
- f. Determination of the child's need for individual amplification, including selecting, fitting and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

*\*Note: In Utah, Hearing and Deaf/Blind Specialists working through the Parent Infant and Deaf/Blind Programs at the Utah Schools for the Deaf and Blind because of specialized training, licensure, certification, or credential can provide services noted in (a) and (d). Delegated, trained E.I. Specialists may also participate in screening activities.*

4. "Occupational therapy" includes services to address the functional needs of a child related to the performance of self-help skills, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include --
- a. Identification, assessment, and intervention.
  - b. Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills.
  - c. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

5. "Physical therapy" includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
  - a. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
  - b. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
  - c. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
  
6. "Psychological services" includes --
  - a. Administering psychological and developmental tests, and other assessment procedures.
  - b. Interpreting assessment results.
  - c. Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development.
  - d. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
  
7. "Service coordination services" means assistance and services provided by a service coordinator to an eligible child and the child's family that are in addition to the functions and activities described elsewhere in this section.
  
8. "Medical services only for diagnostic or evaluation purposes" mean services provided by a licensed physician to determine a child's developmental status and need for early intervention services.
  
9. "Early Identification, Screening, and Assessment Services" means the implementation of a formal plan for identifying a disability as early as possible in a child's life.
  
10. "Health services" means services necessary to enable a child to benefit from the other Part C early intervention services while the child is receiving the other early intervention services.

The term includes --

  - a. Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services.
  - b. Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include the following:

  - a. Services that are:

- i. Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus).
- ii. Purely medical in nature (such as hospitalization for management of congenital heart disease ailments, or the prescribing of medicine or drugs for any purpose).
- b. Devices necessary to control or treat a medical condition.
- c. Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

"Nursing services" includes --

- a. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems.
- b. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development.
- c. Administration of medications, treatments, and regimens prescribed by a licensed physician.

"Nutrition services" includes --

- a. Conducting individual assessments in--
  - i. Nutritional history and dietary intake
  - ii. Anthropometric, biochemical and clinical variables
  - iii. Feeding skills and feeding problems
  - iv. Food habits and food preferences.
- b. Developing and monitoring appropriate plans to address the nutritional needs of eligible children based on the assessment findings.
- c. Making referrals to appropriate community resources to carry out nutrition goals.

*\*Note: In Utah, feeding skills and feeding problems are often addressed by Occupational Therapists with specialty training.*

11. "Social work services" includes --

- a. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction.
- b. Preparing a social or emotional developmental assessment of the child within the family context.
- c. Providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parents.
- d. Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services.
- e. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

12. "Vision services" means --

- a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both;
- c. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

*\*Note: In Utah, Vision and Deaf/Blind Specialists working through the Utah Schools for the Deaf and Blind, Parent Infant and Deaf/Blind Programs because of specialized training, licensure, certification, or credential can provide services noted in (c).*

13. Assistive Technology Device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

Assistive Technology Service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

Assistive technology services include:

- a. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- b. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- d. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- e. Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
- f. Training or technical assistance for professionals (including individuals providing early intervention services), or other individuals who provide services to employ, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

14. "Transportation and related costs" includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable an eligible child and the child's family to receive early intervention services.

- E. Qualified personnel. Early intervention services are provided by qualified personnel, including --
  1. Special education teachers with certification in preschool special education or communication disorders including those with endorsement in mild-moderate, severe, visual impairment, or hearing impairment, or others as identified by the Utah State Office of Education
  2. Speech and language pathologists and audiologists

3. Occupational therapists
4. Physical therapists
5. Psychologists
6. Social workers
7. Nurses
8. Nutritionists
9. Family therapists
10. Orientation and Mobility specialists
11. Pediatricians and other Physicians
12. Paraprofessionals, including Early Intervention Specialist I and Early Intervention Aide
13. Parent-to-parent support personnel
14. Professional early intervention specialists with related degrees, those individuals who are credentialed as an Early Intervention Specialist II or III

**IDEA** - "Individuals with Disabilities Education Act". This Act provides special education programs for children with disabilities, birth through 21 years of age. Part C of the Act authorizes the early intervention program for infants and toddlers under the three years of age.

**IFSP** [§303.14] - "IFSP" means the individualized family service plan. This is a written plan for providing early intervention services to a child eligible under this part and the child's family.

**Include; including** [§303.15] - "include" or "including" means that the items named, are not all of the possible items, that are covered whether like or unlike the ones named.

**Infants and toddlers with disabilities** [§303.16] - "infants and toddlers, including Native American infants and toddlers, with disabilities" means individuals under age three who need early intervention services because they --

- A. Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
  1. Cognitive development
  2. Physical development, including health, motor, vision, and hearing
  3. Communication development
  4. Social or emotional development
  5. Adaptive development (also known as self-help or daily living skills)
- B. Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Refer to Diagnosis Lists - Appendix B

The term may also include, at the State's discretion, children under age three who are at-risk of having substantial developmental delays if early intervention services are not provided. Utah has chosen not to include in its Part C definition children under age three who are at risk of having substantial developmental delays because of biological or environmental factors. For additional information refer to the section on eligibility.

**Multidisciplinary** [§303.17] - "multidisciplinary" means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the IFSP.

**Natural Environments** [§303.18] - "natural environments" means settings that are natural or normal for the child's age peers who have no disabilities [§303.18]

**Parent** [§303.19] - "Parent" means a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with [§303.406]. The term does not include the State of Utah if the child is a ward of the State.

State law may provide that a foster parent qualifies as a parent under this part if:

- A. the natural parents' authority to make early intervention or educational decisions on the child's behalf has been relinquished under State law;
- B. the foster parent has an ongoing long-term parental relationship with the child;
- C. the foster parent is willing to participate in making early intervention or educational decisions on the child's behalf;
- D. the foster parent has no interest that would conflict with the interests of the child.

**Policies** [§303.20] - "Policies" mean Utah statutes, regulations, Governor's orders, directives by the lead agency, or other written documents that represent Utah's position concerning any matter covered under Part C.

Utah policies include. . .

- A. Utah's commitment to develop and implement the statewide system.
- B. Utah's eligibility criteria and procedures.
- C. Utah's position regarding the provision of services to children who are at-risk.
- D. A statement that --
  1. Provides that services under Part C will be provided at no cost to parents, except where a system of payments is provided for under Federal or Utah law.
  2. Sets out what fees will be charged for early intervention services and the basis for those fees.See also, Policies and Procedures Related to Financial Matters
- E. Utah's standards for personnel who provide services to eligible children.
- F. Utah's position and procedures related to contracting or making other arrangements with service providers.
- G. Other positions that Utah has adopted related to implementing any of the other requirements under Part C.

**Public agency** [§303.21] - "Public agency" includes Utah's lead agency and any other political subdivision of Utah that is responsible for providing early intervention services to eligible children and their families.

**Qualified** [§303.22] - "Qualified" means that a person has met Utah approved or recognized certification, licensing, registration, Credentialing, or other comparable requirements that apply to the area in which the person is providing early intervention services.

**Service Coordination** [§303.23] -

- A. "Service Coordination" means the activities carried out by a service coordinator to assist and enable a child eligible under Utah's Part C definition and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under Utah's early intervention program.
1. Each eligible child and the child's family is provided with one service coordinator who is responsible for --
    - a. Coordinating all services across agency lines.
    - b. Serving as the single point of contact in helping parents to obtain the services and assistance they need.
  2. Service coordination is an active, ongoing process that involves -
    - a. Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the Individualized Family Service Plan.
    - b. Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided.
    - c. Facilitating the timely delivery of available services.
    - d. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.
- B. Specific Service Coordination Activities. Service coordination activities include:
1. Coordinating the performance of evaluations and assessments.
  2. Facilitating and participating in the development, review, and evaluation of Individualized Family Service Plans.
  3. Assisting families in identifying available service providers.
  4. Coordinating and monitoring the delivery of available services.
  5. Informing families of the availability of advocacy services.
  6. Coordinating with medical and health providers.
  7. Facilitating the development of a transition plan to pre-school services, if appropriate.
- C. Employment and assignment of service coordinators.
1. Service coordinators are employed or assigned in ways that are permitted under Utah law and are consistent with the requirements of Part C.
  2. Utah's policies and procedures for implementing the statewide system of early intervention services are designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed above<sup>4</sup>.
- D. Qualifications of service coordinators. Service coordinators are persons who have demonstrated knowledge and understanding about --
1. Infants and toddlers who are eligible under Utah's Part C definition.
  2. Part C of the Act and the regulations.

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<sup>4</sup> In this context, the term "profession/professional" includes "service coordination/coordinator"

3. The nature and scope of services available under Utah's early intervention program, the system of payments for services in Utah and other pertinent information.

**State** [§303.24] -

“State” means each of the 50 States, the Commonwealth of Puerto Rico, the District of Columbia, and the jurisdictions of Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and Palau (until the Compact of Free Association with Palau takes effect).

EDGAR Definitions [§303.25] - the following Education Department General Administrative Regulations (EDGAR) Terms apply. They are defined in 34 CFR77.1 the terms are: Applicant, award, contract, department, EDGAR, fiscal year, grant, grantee, grant period private, public and secretary.

The following additional terms are defined within this state application document: appropriate professional requirements in the state, assessment, consent, evaluation, frequency and intensity, highest requirements in the state applicable to a profession or discipline individualized family service plan (IFSP) impartial, location, method, native language, personally identifiable, primary referral sources, profession or discipline.

**DESIGNATION OF LEAD AGENCY**  
**[§303.142]**

In January 1987, the Utah Department of Health was designated as Lead Agency by the Governor according to the requirements of IDEA Part H (currently Part C).

As the Lead Agency the Utah Department of Health commits:

1. to implement and maintain a statewide, comprehensive, coordinated, multidisciplinary, interagency system that ensures appropriate early intervention services for all infants and toddlers with disabilities and their families, including Indian infants and toddlers and their families residing on a reservation geographically located in the State;
2. to facilitate the coordination of payment for early intervention services from Federal, State, local and private sources (including public and private insurance coverage);
3. to enhance the State's capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and, coverage;
4. to develop collaborative efforts and linkages along with the activities noted on page 19, for children under 3 years of age who would be at risk of having substantial developmental delay.

The Utah Department of Health is the single line of responsibility designated by the Governor. The Lead Agency is responsible for the administration of the entire early intervention system in accordance with the requirements of Part C [§303.500]

The Lead Agency has been given the responsibility for carrying out the following activities:

- A. [§303.501(a)(1)] general administration and supervision of programs and activities receiving assistance under Part C<sup>5</sup>.
- B. [§303.501(a)(2)] the monitoring of programs and activities used by the State to carry out the requirements of Part C, whether or not such programs or activities are receiving assistance made available under Part C funding, to ensure that the State complies with Part C requirements<sup>6</sup>.
- C. [§303.501(b)(1-4)] proper methods of administering each program including:
  1. monitoring agencies, institutions and organizations used by the State to carry out Part C responsibilities
  2. enforcing any obligations imposed on those agencies under Part C and all other applicable regulations.
  3. providing technical assistance, if necessary to those agencies, institutions, and organizations
  4. correcting deficiencies that are identified through monitoring.

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<sup>5</sup> Supervision & Monitoring

<sup>6</sup> Supervision & Monitoring

- D. [§303.522] the identification and coordination of all available resources within the State from Federal, State, local, and private sources<sup>7</sup>.
- E. [§635(a)(10)(c)] the assignment of financial responsibility in accordance with [§637(a)(2)] to the appropriate agencies<sup>8</sup>.
- F. [§303.525] the development of procedures to ensure that services are provided to eligible infants and toddlers with disabilities and their families in a timely manner pending the resolution of any disputes among public agencies or service providers;
- G. [§635(a)(10)(E)] the resolution of inter- and intra-agency disputes<sup>9</sup>.
- H. [§303.520 and 303.523] the entry into formal interagency agreements with other State-level agencies involved in the State's early intervention system that define the financial responsibility of each agency for paying for early intervention services for eligible children and their families (consistent with State law) and procedures for resolving disputes that include all additional components necessary to ensure meaningful cooperation and coordination<sup>10</sup>.
- I. [§303.510 and 303.524] the investigation of any complaint that the Lead Agency receives (including individual child complaints and those that are systemic in nature), and resolving the complaint if it is determined that a violation has occurred<sup>11</sup>.
- J. the single point of contact between the State of Utah and the Office of Special Education Programs, the United States Department of Education;
- K. the assurance to the Office of Special Education Programs that the Lead Agency maintains ultimate responsibility that all aspects of the early intervention system in Utah are functioning under policies and procedures which are consistent with all applicable Federal statutes, policies and procedures.
- L. [§303.122 and 303.127] the administration and control of funds provided, and the assurance that those funds will be expended in accordance with the requirements of Part C, including assurance that:
  - 1. [§303.123] funds will not be commingled with State funds;
  - 2. [§303.124 and 303.126] funds will not be used to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds;
  - 3. [§303.125] fiscal control and fund accounting procedures will be adopted as may be necessary to ensure proper disbursement of and accounting for Federal funds paid to the State<sup>12</sup>.

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<sup>7</sup> Policies & Procedures Related to Financial Matters

<sup>8</sup> Policies & Procedures Related to Financial Matters

<sup>9</sup> Policies & Procedures Related to Financial Matters

<sup>10</sup> Policies & Procedures Related to Financial Matters

<sup>11</sup> Administrative Resolution Process and Complaint Resolution

<sup>12</sup> Assurances Section

- M. [§303.121] provision of reports and access to records as may be necessary or required by the Secretary<sup>13</sup>.
- N. [§303.128] ensuring meaningful involvement of underserved groups, including minority, low-income, and rural families, in the planning and implementation of all the Part C requirements<sup>14</sup>.
- O. [§303.340] ensuring that an IFSP is developed and implemented for each eligible child, in accordance with Part C requirements. If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility.
- P. [§303.400] establishing or adopting procedural safeguards that meet Part C requirements, and ensuring the effective implementation of the procedural safeguards by each public agency in the State involved in the provision of Early Intervention services.

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<sup>13</sup> Assurances Section

<sup>14</sup> Assurances Section

**STATE INTERAGENCY COORDINATING COUNCIL  
(STATUTE: [§641]) REGULATIONS [§303.600]**

In June, 1987, Utah's Interagency Coordinating Council (ICC) was appointed by the Governor according to the Statute of IDEA, Part H. The ICC first convened in July, 1987. Since that time the Council has met on a regular basis, at least once every three months (quarterly).

Appointment

All ICC positions are appointed by the Governor. In making appointments to the Council, the Governor shall continue to ensure that the membership of the Council reasonably represents the population of the state. For a listing of current ICC members please refer to Appendix C.

Chairperson

The Governor designates a member of the Council to serve as the chairperson, or shall require the Council to so designate such a member. Any member of the Council who is a representative of the lead agency may not serve as the chairperson of the Council.

Composition [§303.601]

- **PARENTS** - at least 20 percent of the members shall be parents who have children aged 12 or younger with disabilities and who represent the state's diverse culture. These parents must have knowledge and experience with Utah's Baby Watch Early Intervention programs for infants and toddlers with disabilities. At least one such member shall be a parent of an infant or toddler with a disability or a child with a disability aged 6 or younger.
- **SERVICE PROVIDERS** - at least 20 percent of the members shall be public or private providers of early intervention services;
- **STATE LEGISLATURE** - At least one member shall be from the State legislature;
- **PERSONNEL PREPARATION** - at least one member shall be involved in personnel preparation;
- **AGENCY FOR EARLY INTERVENTION SERVICES** - at least one member shall be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families; and, have sufficient authority to engage in policy planning and implementation on behalf of these agencies.

In Utah, these include:

the Utah Department of Health;  
the Division of Mental Health in the Department of Human Services;  
the Division of Services for People with Disabilities in the Department of Human Services;  
the State Office of Education responsible for preschool services to children with disabilities and shall have sufficient authority to do policy planning and implementation on behalf of their agency; and  
the Utah Schools for the Deaf and Blind

- **AGENCY FOR PRESCHOOL SERVICES** - as above

- **AGENCY FOR HEALTH INSURANCE** - at least one member shall be from the agency responsible for the State governance of health insurance;
- **HEAD START AGENCY** -at least one representative from a Head Start agency or program in the State;
- **CHILD CARE AGENCY** - at least one representative from a State agency responsible for child care.
- **OTHER MEMBERS** - The council may include other members selected by the Governor, including a representative from the Bureau of Indian Affairs, or where there is no BIA-operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council.”

Utah’s ICC by-laws note additional members may include the following:

- A. One position for a staff member of the Legislative Fiscal Analyst Office or the Auditors General Office.
- B. Members of the existing Governor’s Council for People with Disabilities who may include that Council’s representative from the Protection and Advocacy agency (Legal Center for Persons with Disabilities) and a consumer representative. These persons may also qualify to serve as a parent of a disabled child birth through six.
- C. Others as appointed by the Governor

Meetings (Statute: section 641; Regulations, [§303.650])

Council meetings are held at least quarterly. Meeting time(s), place(s) and agenda are announced publicly sufficiently in advance of the meeting date. All ICC meetings are open and accessible to the general public. Arrangements for interpreters for the deaf can be made if needed, as well as other necessary services and accommodations for both ICC members and participants.

Functions of the Council - General (Statute: section 641; Regulations, [§303.650])

- 1. DUTIES --- The council shall ---
  - A. advise and assist the lead agency in the performance of the lead agency responsibilities set forth in section 635(a)(10) particularly in the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of the interagency agreements. Utah’s ICC functions to advise, assist, and consent to major policy developed by the Lead Agency. Ultimate responsibility for policy and the required activities noted under 635 (a)(10), the proceeding section on the Lead Agency, and other applicable regulations rests with the Lead Agency.
  - B. advise and assist the lead agency in the preparation of applications and amendments thereto for Part C funds [§303.652]
  - C. advise and assist the lead agency and the State education agency on issues relative to the transition of toddlers with disabilities to preschool services provided under Part B and other appropriate services, to the extent those services are appropriate [§303.653]
  - D. prepare and submit an annual report to the Governor and to the Secretary on the status of early intervention programs operated within the State for children eligible for early intervention services and their families. The report shall be submitted to the Secretary by a date that the Secretary establishes. The report shall contain the information required by the Secretary for the year for which the report is made.

2. AUTHORIZED ACTIVITY

The council may advise and assist the lead agency and the State education agency regarding the provision of appropriate services for children from birth through age 5. Each Council shall advise and assist the state education agency regarding the transition of toddlers with disabilities to preschool and other appropriate services. The council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

Conflict Of Interest (Statute: section 641; Regulations: [§303.650])

No member of the council shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State law.

## USE OF FUNDS

### **Lead Agency and ICC - Maintenance and Implementation Activities [§303.651]**

The lead agency, with the advice and assistance of the ICC, continues to use Part C funds to maintain and implement Utah's statewide, comprehensive, coordinated, interagency, multidisciplinary system for providing early intervention services to all children and their families eligible in the State under Utah's Part C definition of eligibility.

### **Use of Funds by Lead Agency [§303.560]**

Utah's lead agency will continue to use early intervention funds that are reasonable and necessary for administering the state's early intervention system for infants and toddlers with disabilities.

Budget expenditure categories and amounts (including major activities for the year) are noted in the Budget section of this application.

Baby Watch Early Intervention and Utah's ICC ensure:

1. the implementation of all requirements under Part C;
2. the assignment of financial responsibility to the appropriate agency;
3. the identification of the sources of fiscal and other supports for services for early intervention programs; and,
4. the promotion of interagency agreements.

### **Use of Funds by Interagency Coordinating Council [§303.602]**

Subject to the approval by the Governor, the Council may use funds under this part:

1. To conduct hearings and forums;
2. To reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);
3. To pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;
4. To obtain the services of professional and technical personnel as may be necessary to carry out the performance of its functions for Part C. Clerical and support activities are provided through the lead agency as directed by the Governor when the ICC was established.

Except as provided above, Council members shall serve without compensation from funds available under Part C.

### **Direct Services**

The Utah Department of Health is designated as the Lead Agency responsible for providing early intervention services to eligible children under age 3 in Utah.

Currently, direct services for infants and toddlers with disabilities under age 3 are provided mainly through contracts and memoranda of understanding with public and private providers issued through the Lead Agency. A list of current providers, funding amounts, and a map noting their catchment areas is contained in the budget section. The ICC is not involved with distribution of Part C funds for direct service except as an advisory body although individual ICC members are involved in distribution of funds from a variety of local, state and federal sources through their own programs or agencies.

Since implementation, Utah has used the major portion of early intervention funds for direct service and will continue to do so in future years. During the years of implementation and since, the Utah State Legislature has appropriated additional funds for early intervention. No one funding source has been adequate to meet the total need. Consequently, Part C funds will be used in concert with State line-item funds, Medicaid reimbursements, revenues generated through the implementation of a system of co-payments based on a sliding fee schedule for parents, and other funding sources which may be accessed to expand and improve Utah's early intervention services.

The types of direct services to infants and toddlers with disabilities under age three to be provided are described in the "Definitions" section, pages 4 - 12 of this application, as well as in the Baby Watch Early Intervention Procedure Manual: A Technical Assistance Document for the Provision of Early Intervention Services in Utah that is referenced in each contract and located in each local early intervention program.

#### **Activities by Other Agencies**

The lead agency will continue to explore interagency, collaborative opportunities to maximize resources through joint funding or in-kind contributions to foster the implementation and maintenance of the early intervention system statewide. Based on our current system of services, contract arrangements with other agencies would occur on an "as needed" basis and would be reflected in the annual budget.

#### **Collaborative Efforts [§631(4); §638(4)(A)(B)(C)]**

The 1997 Amendments of IDEA allow any state that does not provide services for at-risk infants and toddlers to "...strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including linkages with appropriate public or private community-based organizations, services, and personnel for the purposes of:

- a. Identifying and evaluating at-risk infants and toddlers;
- b. Making referrals of the infants and toddlers identified and evaluated; and,
- c. Conducting periodic follow-up on such referrals to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under Part C.<sup>15</sup>

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<sup>15</sup> See, "Tracking and Monitoring"

**PUBLIC PARTICIPATION**  
**[§303.110; §303.111; §303.112, and §303.113]**

Public participation is sought as a part of the application process. Public involvement is encouraged through participation in public hearings. Participants are able to give testimony or comments at the hearings or submit comments in writing to their local early intervention program, or the state Baby Watch Early Intervention office. The hearings are held in a number of locations around the state to allow interested parties reasonable opportunity to participate. Consideration is given so urban and rural areas; underrepresented groups; and private, school district, health department and university affiliated local early intervention programs; parents; persons with disabilities and other interested parties can attend. For this application public hearings were held throughout the state. Copies of notices and advertisements may be found in Appendix D.

Before submitting the application for Part C funds, the lead agency:

1. Publishes the policy in a manner that ensures circulation throughout the state for at least a 60-day period, with an opportunity for comment on the policy for at least 30 days during that period; Draft copies of the proposed application and notice of hearings and the dates of the comment period, etc., are sent to at least three designated parent representatives in each local early intervention programs for review by parents and staff, all members of the ICC, all local early intervention programs, and other interested parties which may include members of the Legislative Coalition for Persons with Disabilities, the Parent Center (Utah's PTI), Utah's Central Directory, the Legal Center for Person with Disabilities, a number of former ICC members, various DOH program representatives, higher education representatives, other early childhood organizations and representatives;
2. Holds public hearings on the policy during the 60-day period;
3. Provides adequate notice of the hearings at least 30 days before the dates that the hearings are conducted.

The notice must:

- a. be published in newspapers or announced in other media, or both, with coverage adequate to notify the general public including people with disabilities and parents of infants and toddlers with disabilities throughout the State about the hearings and opportunity to comment on the policy; and,
- b. be in sufficient detail to inform the public about:
  - the purpose and scope of the State policy and its relationship to Part C
  - the length of the comment period and the date, time, and location of each hearing; and,
  - the procedures for providing oral comments or submitting written comments

The lead agency then [§303.113]:

1. Reviews and considers all public comments;
2. Makes any modifications it deems necessary in the policy;
3. In submitting the application to the Secretary, the State includes copies of news releases, advertisements, and announcements used to provide notice.

**EQUITABLE DISTRIBUTION OF RESOURCES**  
**[§303.147]**

Utah not only has large urban concentrations and large rural areas, but also a significant number of frontier areas necessitating attention to equal distribution of resources in all direct service programs. It is not simply a matter of assuring that funds are distributed in a population driven formula since areas of greatest need may not have the largest population.

In order to ensure fair allocation of resources to all direct-service programs, funds are distributed throughout the state on an equal rate per child. Each provider's contract amount is based on the number of children to be served multiplied by the rate per child. However, supplemental funding may be available to meet program needs identified by local providers, or to initiate, expand and/or improve the statewide service system by the lead agency. Providers may submit an application for additional funding based on their projected needs. This application must include a justification for the need, a budget and narrative that details how the money will be expended, and a statement of additional personnel who will be employed or contracted to provide the services for the newly identified children. The State Early Intervention Staff will amend the provider contract to allocate the additional funding if the application is complete, the proposed expenditures are appropriate, and available funding is sufficient to support such an amendment.

Contracts undergo review at least annually to determine the need, if any, for a differential for services provided in rural areas.

## **TRANSITION TO PRESCHOOL PROGRAMS** **[§303.148]**

Utah has an interagency agreement to ensure a smooth transition for individuals participating in the Part C early intervention system who are eligible for participation in preschool programs under Part B. A formal interagency agreement<sup>16</sup> exists between the lead agency, the Utah Department of Health, and the Utah State Office of Education. The policy is reviewed annually and updated as necessary. In addition, Section 619 and Part C state staff have coordinated ongoing training on transition to LEA's and EIP's, as well as maintained the availability of a technical assistance manual and consultative support.

The agreement provides:

### **CLARIFICATION OF ROLES & RESPONSIBILITIES**

1. With parent consent, the early intervention provider will:
  - a. Notify the local education agency(ies) of children nearing age three
  - b. Provide information about the child, including evaluation and assessment results and copies of IFSP's
  - c. Convene a transition meeting at least 90 days (or at the discretion of all parties, up to 6 months) before a child's third birthday

### **CLARIFICATION OF THE 90-DAY MEETING:**

#### Purpose:

1. To develop transition plans from Part C to Part B, including outcomes identified by the family to meet their needs and those of their child and review the child's program options
2. Ensure FAPE on or before the child's third birthday

#### In attendance:

1. child's parent/guardian;
2. service coordinator;
3. local education agency (LEA) representative; and,
4. representatives from the Utah Schools for Deaf & Blind (if sensory loss is suspected).

#### Activities:

1. completion of referral for early childhood special education (LEA);
2. discussion of appropriate placement options;
3. establishment of the process, timelines and responsibilities for eligibility determination;
4. application of Part B procedure safeguards, as appropriate;
5. discussions with and training of, parents regarding future placements and other matters related to the child's transition and,
6. procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in a new setting;

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<sup>16</sup> The current Transition Agreement, has been included in Appendix A

## CLARIFICATION OF PLACEMENTS AND USE OF EXTENDED SCHOOL YEAR:

1. Placement During Regular School Year:
  - a. completion of evaluation and eligibility determination;
  - b. development of IEP; and,
  - c. placement determination **by** the third birthday.
  
2. Placement into Extended School Year Services (ESY): Children who turn three during periods of ESY must be evaluated for ESY eligibility according to Utah State Board of Education rules and provided ESY if eligible. Those not eligible for ESY will begin early childhood special education (ECSE) programs on the first day of the regular school year or as established by the team.
  
3. Early Transition of a Child in ECSE  
The team may determine that placement of an eligible child in the local ECSE program before their third birthday is appropriate under an IEP.
  
4. Extended Retention of Child in Baby Watch Early Intervention Program (BWEIP)  
The team may determine the placement in the local BWEIP remains appropriate, and place the child in BWEIP under an IEP.  
  
Include:
  - (a) specific goals and objectives related to child's transition to ECSE;
  - (b) date of transition established (if not, IEP must be reviewed every 90 days by BWEIP, local school district representative and parents).

## FISCAL RESPONSIBILITY OF SERVICES (Shift of Responsibility at Third Birthday)

### Fiscal Responsibility for Children in BWEIP After Third Birthday

The local education agency will assume fiscal responsibility for children placed in BWEIP after their third birthday.

### Policy and Fiscal Responsibility for Children Who Transition Early Into ECSE Programs Before Their Third Birthday

The local BWEIP will assume fiscal responsibility for children for whom early placement into ECSE is agreed to be the most appropriate.

## REQUIRES LOCAL INTERAGENCY AGREEMENTS

BWEIP's and LEA's shall develop and implement local interagency agreements and procedures in accordance with state agreements and policies.

## PROCEDURES FOR CHILDREN WHO MAY NOT BE ELIGIBLE FOR PART B, PRESCHOOL SERVICES

With parent consent, the local early intervention program will make reasonable efforts to convene a meeting, to discuss the appropriate services and establish a transition plan. Those invited to attend may include, but are not be limited to:

- a. child's parent(s)/guardian(s)
- b. service coordinator
- c. providers of other appropriate services

**UTAH ELIGIBILITY CRITERIA AND PROCEDURES**  
**[§303.300]**

Utah provides early intervention services to children under 3 years of age with disabilities.<sup>17</sup>

**I. Definition of Developmental Delay (Eligibility for Part C Services - [§303.161])**

A. Significant Delay

**1.5 standard deviations at or below the mean, or at or below the 7<sup>th</sup> percentile in one or more areas of development**

B. Clinical Opinion

Eligibility through utilization of informed clinical opinion must be determined by at least two professionals representing different disciplines who have knowledge and expertise in the areas of stated concern identified by the parents or referral source, AND at least one of whom must hold the Early Intervention Specialist II credential.

C. Diagnosed Condition

Children who are diagnosed as having a physical or mental condition that has a high probability of resulting in developmental delay.

D. Qualified Person for Determining Eligibility

1. personnel who are trained to utilize appropriate methods and procedures.
2. professionals who have current certification, licensing, registration, the Utah Department of Health Early Intervention Credential or other comparable requirements of their specific profession. This includes persons who are credentialed as Early Intervention Specialists II; however, it does not include the Early Intervention I, the Early Intervention Aide, or other paraprofessional personnel. Eligibility must be determined by at least two qualified professionals.
3. In addition, for hearing and vision screening, personnel whose degree or educational background reflects the study of the anatomy and function of the vision or hearing systems, and who have participated in specialized training provided through the BWEI program, will be considered qualified. These persons perform the vision or hearing screening on which they have been trained and for which they have a current Certificate of Completion. Some of the professionals who most usually participate in the specialized training include, but are not necessarily limited to: speech language pathologists; registered nurses; occupational therapists; and blind, hearing or Deaf/blind specialists from the Parent Infant and Deaf/blind Programs at the Utah Schools for the Deaf and Blind.

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<sup>17</sup> See “Definitions - Infants and Toddlers with Disabilities”

- E. Standardized Procedures  
Procedure results which are expressed as reliable, valid fixed scores (standard deviation or percentile) derived from any standardized, norm-referenced measures appropriate for infants and young children.
- F. Multidisciplinary Team  
The involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and the development of the IFSP.

## **II. Procedures to Determine Developmental Delay and Eligibility for Early Intervention Services [§303.322]**

Procedures include an evaluation, by qualified personnel, of the child's level of functioning in each of the developmental areas for the purpose of identification of eligibility because of significant delay in one or more of the following areas:

1. cognitive development
  2. physical development, including health, motor, vision and hearing
  3. communication development
  4. social or emotional development
  5. adaptive development
- A. Use of Standardized Testing  
Standardized, norm-referenced measures can be used as a multi-domain testing process or in single areas of stated concern to provided standard scores (standard deviation or percentile). The qualified professionals completing the evaluation utilize their professional experience and expertise (clinical opinion) when considering the evaluation results. Informed clinical opinion is the process used to support, augment, or invalidate the final information and findings.
  - B. Use of Clinical Opinion  
Informed clinical opinion is used in conjunction with the selected standardized measure or when there are no appropriate standardized measures available for a given age or developmental area. Eligibility through utilization of informed clinical opinion must be determined by at least two qualified professionals representing different disciplines, one of whom must be credentialed as an Early Interventionist II Specialist, and who have knowledge and expertise in the areas of stated concern identified by the parents or referral source.

Clinical opinion is used when assessing and analyzing current level of function information regarding difficult-to-measure aspects of development or when the results of norm and criterion referenced assessments are inconclusive. Informed clinical opinion must adhere to the state definition of developmental delay.

### C. Use of Diagnosed Condition

Children who are diagnosed as having a physical or mental condition that has a high probability of resulting in developmental delay, are also eligible for early intervention services.

- Clinical opinion may be used to suspend eligibility established by diagnosis, following at least one year of participation, at the annual IFSP under the following conditions:
  1. The child is demonstrating development at his/her adjusted age range in all domains including health, vision and hearing;
  2. The child has no need for any developmental services offered by early intervention to support skill development to maintain adjusted age growth;
  3. The family has no expressed needs for family support or child services offered by early intervention;
  4. With parent permission, the child will continue to be monitored through the tracking and monitoring system. The child will receive an update of their ongoing developmental assessment, and the family's concerns, priorities and resources, at least every three months to assure age appropriate skills continue.
  5. The program maintains the exchange of information (with parent consent) with Neonatal Follow-up (if appropriate) and the child's primary care physician.

Diagnosis lists can be found in Appendix B.

To establish eligibility based on a diagnosis not included on the list, providers will 1. include information from the diagnostic work-up, including physician reports and recommendations.

2. include other supporting research or data, e.g., research journal articles, text information, etc., which supports the fact that a child has a "diagnosed physical or mental condition that has a high probability of resulting in developmental delay".

Diagnostic reports and supporting data will be included in the child's file for verification of eligibility.

## III. Administrative Procedures for Documentation of Eligibility for Baby Watch Early Intervention

### A. Prior Notice

Written prior notice must be given to the parents a reasonable time before a public agency or service provider proposes to evaluate the child.

### B. Written Consent:

1. Written consent from the parent or legal guardian is obtained before the initial evaluation and assessment is conducted [§303.404].
2. If consent is not given, the Baby Watch Early Intervention Program makes a reasonable effort to ensure that the parent is fully aware of the nature of the evaluation and assessment and understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

- C. Timely comprehensive, multidisciplinary evaluation:  
Utah assures that its early intervention system includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child under age three, referred for evaluation, including assessment activities related to the child and the family directed assessment.
- D. Written Summary  
A written summary, including a description of the child’s level of functioning in each of the areas identified in the definition and a statement of eligibility. This summary is incorporated into the IFSP.

#### **IV. Procedures for Documenting Ineligibility for Baby Watch Early Intervention.**

Each child referred for potential enrollment in BWEIP must undergo a multi-domain evaluation. In the event that a child does not qualify under any of the aforementioned procedures, documentation of evaluation results must be maintained. This means that the standard deviations/percentiles, diagnostic research, and/or informed clinical opinions of those performing eligibility determination must be kept in the child’s file. With the parents’ permission, the child would be placed on the local program’s system of tracking and monitoring for future contact or re-evaluation for potential eligibility.

#### **V. Infants and Toddlers At-Risk**

Utah’s Policy for Eligibility Does Not Include Serving Children At-Risk

Children who are at-risk for developmental delay because of biological or environmental factors are not included in the State’s definition of eligibility for Part C services but are eligible to be tracked or monitored for progress in their development, and may be eligible for other services.

#### **VI. Infants and Toddlers in a Tracking and Monitoring System<sup>18</sup>**

These are children who:

- a. Have been referred and determined ineligible;
- b. Are eligible for Part C services, but have opted not to participate at this time; OR
- c. were formerly enrolled in early intervention but whose current developmental status indicates that they no longer need, nor are eligible, for services.

With parental consent, these children are placed on a tracking system maintained by the local program. Periodic contacts are made by local program personnel to re-evaluate the child’s developmental skills and eligibility status and provide ongoing developmental and growth information. When appropriate, local providers refer children who are ineligible for early intervention to other public or private community-based services that meet the child’s individual needs.

The race/ethnicity data of these children is included in statewide data collection activities.

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<sup>18</sup> See “Collaborative Efforts”, See “Local Interagency Coordinating Councils and FACT”

**UTAH'S CENTRAL DIRECTORY**  
**[§303.301]**

Utah's Early Intervention System includes a central directory of information about public and private early intervention services, resources and experts available in the State; research and demonstration projects being conducted in the State; and professional, service and support programs, groups, organizations and/or foundations dedicated to the assistance of children with disabilities and their families.

Utah assures that the information in the central directory is in sufficient detail to ensure the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory, and enable the parent of a Part C eligible child to contact by telephone or letter any of the sources listed in the directory.

Utah's central directory is updated at least annually; is accessible to the general public; and is available in each geographic region of the State, including rural and frontier areas, and in places and in a manner that ensures accessibility by persons who are disabled.

Several information and referral database programs are available in the State. They have the components required to function as Utah's central directory. Rather than develop a competing system, the Baby Watch Early Intervention program has opted to contract with the entity which best provides the services required in the most cost-effective manner.

An enormous amount of resource information has been incorporated into these information and referral databases. Listings include:

1. Resources in the community that provide a variety of services; educational, therapeutic, health, medical, advocacy, support or pastoral services;
2. Specific disabling conditions (e.g., AIDS, Cerebral Palsy, Down Syndrome, Developmental Disabilities, Head Injury, SIDS, Spina Bifida, etc.); or
3. Coalitions and/or programs dedicated to a variety of special interests or disabilities.

**Items in the Central Directory are bridged** or cross-referenced according to other complementary variables that would facilitate the search/location of information through discreet queries.

Non-English speaking persons are able to access information from the central directory through the AT&T Language Line. This allows access to interpreters of numerous languages and dialects.

## **UTAH'S PUBLIC AWARENESS PROGRAM** **[§303.320]**

The State of Utah has developed a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under Utah's Part C definition. The public is informed about: 1) Utah's Early Intervention System; 2) the purpose and scope of child find efforts; 3) how to make referrals; 4) how to gain access to a comprehensive multidisciplinary evaluation and other early intervention services; and, 5) the central directory.

Utah's public awareness program provides broad-based, ongoing outreach throughout Utah. This occurs through dissemination of information and materials on the availability of early intervention to parents and primary referral sources. These sources include, but are not limited to, hospitals, physicians, and child care providers.

### **BABY WATCH**

Baby Watch is an interagency, multi-media public awareness campaign developed specifically for the Utah Early Intervention Program. It is designed to:

- accomplish early identification of children, under the age of 5, who meet Utah's definition for eligibility for early intervention or preschool special education services;
- provide access to services to families of identified children.

Baby Watch attempts to achieve broad-based awareness of screening and resources and service delivery programs around the state. Campaign elements specifically address:

1. how to make referrals
2. how to gain access to a comprehensive multidisciplinary evaluation and other early intervention services, and
3. how to utilize the central directory.

A variety of public service announcements (PSA's) have been developed and continue to be updated that are designed for use both on television and radio. These spots encourage parents to call the Baby Watch Information line and obtain information on child development and/or support and service options in their community.

Informational packets including brochures, fact sheets, developmental checklists, resource guides and posters are disseminated to primary referral sources through local programs, professional conferences, health and neighborhood fairs, and various other state and local functions.

Collateral materials have been designed to increase Baby Watch visibility in fun and useful ways. These products include key rings, magnets, tee-shirts, day planners/calendars, tote bags, pens and mugs.

The outreach effort also includes local and regional efforts by local EIP programs. Activities are designed specifically to provide families and referral sources awareness and opportunities for accessing early intervention services in their own area.

### **The Spokesperson**

Currently Utah's First Lady, is the program's official spokesperson for the campaign and her involvement has proven invaluable. She has participated in public service announcements, press conferences, radio promotions and news events in support of services to infants and young children with special needs.

### **The Information Line - 1-800-961-4226**

BWEI has established its own toll-free number to facilitate access to information and resources. Baby Watch personnel staff the information line and are uniquely qualified to respond to developmental inquiries and resource consultation.

The Information line is available statewide. Local providers are encouraged to share the toll-free number with families in their programs, to facilitate access to the State program and other resources. The State BWEIP number (584-8226) is also published for cost-effective use by interested parties in the Metro Salt Lake and Davis County areas.

Callers to both the information line and local programs are polled regarding the source of their awareness of the Baby Watch program. Responses are documented to determine the extent of the effectiveness of specific outreach strategies.

### **Local Public Awareness Efforts**

All early intervention providers in the state of Utah must have a public awareness program for their local area. These programs are coordinated with the state's public awareness program (Baby Watch) and are designed to provide information concerning the availability of local early intervention services.

The information provided to the general public includes:

1. The purpose and scope of services;
2. How an individual can make referrals;
3. How an individual can access a comprehensive, multidisciplinary evaluation; and,
4. The use of the Central Directory or the Baby Watch Info-line # (1-800-961-4226).

Special consideration is given to ensure that public awareness efforts reach under-represented populations such as minorities, low income, inner city or rural populations. This includes providing information to under-represented populations in their cultural environments. A number of the local programs employ Native American, Spanish speaking, or other representatives of local cultural groups for public awareness, translation, cultural access and service coordination activities. Some public awareness brochures and developmental checklists are written in Spanish.

## **UTAH'S CHILD FIND SYSTEM** **[§303.125; §303.321]**

The Utah Department of Health, with the assistance of the Utah Interagency Coordinating Council (ICC), assures that its Early Intervention System includes a comprehensive child find system, in coordination with the Utah State Office of Education (Part B) and the advice and assistance of the Utah Interagency Coordinating Council. It includes policies and procedures to assure that all infants and toddlers in Utah who are eligible for services under Part C are identified, located, and evaluated. Utah has developed and implemented an effective method of determining which children are receiving needed early intervention services and which children may not be, as described in the section following. In addition, Utah's Early Intervention System's child find system eliminates unnecessary duplication of effort by coordinating with other agencies involved in child find. Resources available through these agencies are shared with early intervention through a network of informal and formal intra- and interagency agreements (see Section XIV of this Application for the lead agency's interagency agreement with Part B activities).

### **Child Find System**

The early intervention system utilizes a variety of methods to inform primary referral sources about referral procedures. Primary referral sources include, but are not limited to:

1. hospitals, including prenatal and postnatal facilities
2. physicians
3. parents
4. day care programs
5. local educational agencies
6. public health facilities
7. social service programs
8. other health care providers

Brochures, posters, refrigerator magnets, and other collateral materials have been developed that highlight information about the program, including the toll-free and local numbers through which referrals can be made.

Baby Watch has also developed materials that delineate a comprehensive list of developmental milestones for children birth to five years of age. We encourage parents, health care providers, day care personnel or anyone to use these lists to compare a child's progress with proven norms. All materials strongly encourage anyone who has a question about the growth or development of a child to call the number most convenient for them. All materials are widely distributed and an accounting of that distribution is maintained by local program providers to determine which mechanisms for dissemination of materials yields the best response.

In addition to circulating written and collateral materials, both state and local early intervention personnel make themselves available to professional organizations, conferences, special interest consortiums, parent groups, etc. for presentations and exhibits.

### **Procedures and Timelines for the Early Intervention System to Act on Referrals**

Part C services across the state are provided by public agencies, university affiliated systems, and private programs through contracts with the lead agency. The provisions of these contracts include the requirement that evaluation and assessment of all children referred for services is completed within 45 days from the date of referral and an IFSP meeting is held in accordance with Part C requirements.

Any time the lead agency or any of its representatives is to be involved with a child find activity, all necessary requirements for informing parents of their rights as outlined in the procedural safeguard section of this document are fulfilled.

Sixteen local programs and two statewide programs accept referrals, accomplish evaluation and assessment that meet Part C requirements, and provide services, if appropriate. Each local program has developed a referral process and procedures that they share with their referral sources. Their procedures reflect the fact that referrals cannot be made without parental consent.

Upon referral, the early intervention agency assigns an interim service coordinator to assist the family throughout the assessment process and development of an Individualized Family Service Plan (IFSP). Within 45 days from the date of referral, the service coordinator is responsible for ensuring that all assessments have been completed, that an IFSP meeting has been convened, and a service plan developed. At the time of development of the IFSP, the “permanent” service coordinator becomes the individual responsible for the accomplishment of all activities, services, referrals to other agencies, etc. that meet the needs of the child and family. The permanent service coordinator may or may not be the same individual as the interim service coordinator.

Referral options for primary sources, parents and the community include, but are not limited to:

#### **The Information Line - 1-800-961-4226<sup>19</sup>**

The BWEI Information line is a highly effective mechanism for referral of children to the program. Callers with concerns about a child's growth and/or development are referred to the local provider in their area for further evaluation.

Much of Utah’s child-find efforts is spearheaded at the local level, with state-level support through attendance at local events, ongoing technical assistance, and the provision of public awareness materials, etc. as requested.

#### **Tracking System for High-Risk Infants and Toddlers**

For those children referred to Baby Watch Early Intervention who do not qualify, local providers offer, with parental consent, the option of remaining on a “tracking system” for future developmental evaluation. Children in this population include those that:

- a. Have been referred and determined ineligible;
- b. Are eligible for Part C services, but have opted not to participate at this time; OR
- c. were formerly enrolled in early intervention but whose current developmental status indicates that they no longer need, or are eligible, for services.

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<sup>19</sup> See “Utah’s Public Awareness Program”

When appropriate, local providers refer children who are ineligible for early intervention to other public or private community-based services that meet the child’s individual needs<sup>20</sup>.

### **Primary Health Care Providers**

Baby Watch has implemented specialized strategies to secure a strong level of investment and support from primary referral sources. On a statewide basis, BWEIP has established partnerships with broadcast media to achieve a baseline level of name recognition, credibility, and referral awareness among Utahans. In addition, brochures, posters, developmental information, and other collateral items are circulated to health care and other primary care professionals by mail, at conferences, at in-service presentations, etc. State and local staff are also available to present information to professional, community, and consumer groups about the purpose and scope of services, the referral and evaluation process and the service opportunities offered by Baby Watch.

Local providers are required to implement at least one health care provider awareness activity per year. These may include, but are not limited to, feedback strategies directed to doctors, physician’s assistants, nurse practitioners, etc. for each of their individual client referrals; personal visits; sponsorship of lunch/dinner at professional meetings; and, exhibits and presentations at health fairs, grand rounds, etc. BWEIP representatives also often attend discharge rounds at NICU’s at tertiary care facilities around the state to enhance rapport with the referral sources and obtain anticipatory information regarding children who are potentially eligible for Part C.

Primary referral sources are asked to make referrals no more than two working days after a child has been identified.

### **State Office of Education and Part B**

An interagency agreement exists between the Division of Community and Family Health Services, BWEIP and the Utah State Office of Education (USOE) to collaborate on child-find efforts for children 5 years of age and under. The goal of this interagency agreement is to avoid duplication of effort and to maximize collective resources in the identification, location and evaluation of children eligible under this part.

### **Local Interagency Coordinating Councils and FACT**

In most local school districts, and regionally in rural and frontier areas of the state, there exists a system of community-based, interagency coordinating groups known as Local Interagency Coordinating Councils or FACT (Families, Agencies, and Communities Together) teams. Their charge is to facilitate the coordination of services to families with at-risk children or with multi-agency needs.

As part of the LICC’s mission, they accomplish child-find for local programs whose function is to meet the needs of certain populations including infants and toddlers under three with developmental delay or disabilities. In some areas of the state they accomplish collective screenings and eligibility determination, outreach to families, and referral to services. These efforts assist the lead agency and the ICC in ensuring that there is no unnecessary duplication of effort by the various agencies involved in the State’s child find system under this part.

### **Other Community-Based Programs**

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<sup>20</sup> See “Collaborative Efforts”, See “Infants and Toddlers in a Tracking and Monitoring System”

A number of other avenues of child-find and referral provide access to BWEIP. These include, but are not limited to:

local day care programs; Children with Special Health Care Needs Clinics (CSHCN); the EPSDT program (CHEC in Utah); WIC clinics; specialty clinics at Primary Children's Medical Center and other tertiary care centers; local school districts; home health programs and agencies; programs provided through the Division of Services to People with Disabilities; Head Start; the Navajo Nation Coordinating Council; and the Utah Parent Center.

**EVALUATION, ASSESSMENT AND NON-DISCRIMINATORY PROCEDURES**  
**[§303.322]**

Utah ensures that its early intervention system includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, under 3 years of age, referred for evaluation, and a family directed identification of the needs of each child’s family to appropriately assist in the development of the child. Such evaluations are implemented by all affected public agencies and service providers in Utah.

**EVALUATION:**

The procedures used by appropriate, qualified personnel to determine a child's initial and continuing eligibility under Part C, consistent with the definition of "infants and toddlers with disabilities"<sup>21</sup>, including determining the status of the child in each of the developmental areas<sup>22</sup>.

**ASSESSMENT:**

The ongoing procedures used by appropriate, qualified personnel throughout the period of a child's eligibility under Part C to:

- A. Conduct a multidisciplinary assessment of the child's unique strengths and needs;
- B. Conduct a voluntary, family-directed assessment of the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability;
- C. Identify the nature and extent of early intervention services that are appropriate to meet the child's and child's family's needs.

**MULTIDISCIPLINARY ASSESSMENT PROCEDURES:**

The Baby Watch Early Intervention Program is responsible for ensuring that infants and toddlers determined to need further evaluation receive comprehensive, multidisciplinary assessment. Such assessment is completed within 45 days from the date of initial referral for evaluation.

No single procedure is used as the sole criterion for either determining eligibility or assessment. The examination addresses each area in infant assessment and the unique needs of the child and family. Standardized tests, rating scales, developmental profiles, detailed empirical observations and other instruments and procedures that meet acceptable professional standards are used to document the nature and severity of problems necessitating intervention.

Included in the assessment and evaluation is a review of pertinent records related to the child's current health status and medical history; an evaluation of the child's level of functioning in each of the following developmental areas:

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<sup>21</sup> See, “Utah Eligibility Criteria and Procedures”

<sup>22</sup> See, “Procedures to Determine Developmental Delay and Eligibility for Early Intervention Services”

- A. Cognitive development
- B. Physical development, including health, motor, vision, and hearing
- C. Communication development
- D. Social or emotional development
- E. Adaptive development (also known as self-help or daily living skills);

and an assessment of the unique strengths and needs of the child in each of the developmental areas, including identification of services appropriate to meet those needs.

Nondiscriminatory procedures are utilized in all public agencies responsible for evaluation and assessment. All tests and other evaluation materials are administered in the native language or other mode of communication of the family unless it is clearly not feasible to do so. All assessment and evaluation procedures/materials are selected and administered so as not to be culturally or racially discriminatory. [§303.323]

#### Family Directed Assessment

Family directed-assessment is designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

Family assessment:

- A. is voluntary;
- B. is based on information provided by the family through a personal interview;
- C. is conducted by professionals trained to utilize appropriate methods and procedures; and
- D. incorporates the family's description of its resources, priorities and concerns.

Standardized instruments and inventories designed to assess family strengths and needs are incorporated, when appropriate.

#### Interim IFSP - Procedures for Development of An Interim IFSP

If exceptional circumstances preclude the completion of the evaluation and assessment within 45 days, the participating agency documents the circumstances and provides for the development and implementation of an interim IFSP, to meet the service needs of the child and family.

#### Procedures for Development of an Interim IFSP

1. Eligibility must be determined
2. The circumstance which precluded the completion of the evaluation and assessment must be documented. (Requires parent signature).
3. Interim IFSP must include:
  - name of service coordinator responsible for implementation of the interim IFSP and coordination with other agencies and persons.
  - services that are determined to be needed immediately by the child and family
4. The interim IFSP is valid for a period of 30 days. Evaluation, assessment and IFSP development must be completed as soon as possible.

#### EVALUATION AND ASSESSMENT OF INFANT/TODDLER AND FAMILY PROGRESS [§303.342]

Under the law, IFSP review must occur every six months. Review of the IFSP and the development of new or revised outcome statements for a new six month period involves a survey of results of current evaluation and information from ongoing assessment and identification of the needs of the child and family. Instruments or procedures appropriate for measuring progress or determining changing needs are determined by the early intervention team. At times of significant transition, or at the request of a parent or professional involved in the infant/toddler's intervention program, full assessment is undertaken to ensure either appropriate case closure or transition from program to program.

#### COMPLIANCE<sup>23</sup>

The lead agency assures, through its program monitoring procedures, that evaluation and assessment are implemented as required by all participating public agencies and service providers in the state.

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<sup>23</sup> See "Supervision and Monitoring of Programs"

**THE INDIVIDUALIZED FAMILY SERVICE PLAN**  
**[§303.340, §303.342, §303.343, §303.344, §303.345 and §303.346]**

Utah assures [§303.167] that its policies and procedures regarding individualized family service plans (IFSP's) meet the requirements of Part C of IDEA and that a current IFSP is in effect and implemented for each eligible child and the child's family. Within 45 days from the date of referral (1) a comprehensive, multidisciplinary assessment is completed; (2) a formal IFSP document is written; and, (3) service coordination services are available to each eligible child. The IFSP is based on the findings of the multidisciplinary evaluation and assessment of the child and family, and includes a description of the services necessary to enhance the development of the child and the capacity of the family to meet the needs of the child. The IFSP meeting is conducted in the native language or mode of communication of the family, unless it is clearly not feasible to do so.

**PRIOR NOTICE<sup>24</sup>**

All participants are provided written notification of the time and place of the meeting early enough before the meeting date to ensure that they will be able to attend and that the time and place of the meeting are convenient to all parties involved.

**THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) [§303.340]**

The IFSP is a written plan that drives individualized service delivery to each child eligible under Part C. It is based on the findings of the child's multidisciplinary assessment and, if the family agrees, contains a statement of the family's concerns, priorities and resources related to enhancing the development the development of the child. Providers must complete the full assessment and IFSP development process within 45 days from the date of referral.

The IFSP is developed by a team that includes the family as full partners, appropriate qualified personnel involved in the assessment process and/or the provision of early intervention services, and anyone else the family wishes to include in the meeting. The IFSP meeting must be held at a time and place convenient to the family. It must be conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. It is the result of collaboration among all members of the team. Each service, in its frequency, intensity and location must be provided as delineated on the IFSP. Payment arrangements, if any, must also be noted on the IFSP.

The contents of the IFSP are fully explained to the parents or guardian and informed written consent from the parents or guardian is obtained prior to the provision of the early intervention services described in the IFSP.

If the parent or guardian does not provide consent with respect to a particular early intervention service or withdraws consent after first providing it, that service will not be provided. The parent has the right to determine whether they, their infant or toddler, or other family members will accept or decline any Part

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<sup>24</sup> See "Procedural Safeguards, Prior Notice"

C early intervention service in accordance with Utah law without jeopardizing other Part C early intervention services. The early intervention services to which consent is obtained must be provided.<sup>25</sup>

### **PARTICIPANTS IN THE IFSP MEETING [§303.343]**

The initial and subsequent annual IFSP meetings include the following participants:

1. Parent(s) of the child
2. Other family members as requested by the parent(s), if feasible
3. An advocate or person outside of the family, if a parent requests that the person participate
4. The service coordinator that has been working with the family since the initial referral of the child for evaluation, or that has been designated by the public agency to be responsible for implementation of the IFSP
5. A person or persons directly involved in conducting the evaluations and assessments.
6. Service providers to the child and family, as appropriate. This may include not only providers from the early intervention program, but also private providers, representatives from other agencies, and/or child care providers.
7. The Utah Schools for the Deaf and Blind Vision, Hearing, or Deafblind Early Intervention Consultant attends the IFSP when sensory loss is diagnosed or suspect.

If a person or persons involved in conducting the evaluations and assessments are unable to attend the meeting, they must arrange to be involved through other means, including a telephone conference call, having a knowledgeable authorized representative attend in their place, or making pertinent written records or recommendations available at the meeting.

### **COMPONENTS OF THE IFSP [§303.344]**

The IFSP is written and includes, but is not limited to, the following:

- A. Demographic Data: name, date of birth, ethnicity, language spoken in the home, name of local early intervention program, diagnosis, and primary physician.
- B. Significant Dates:
  1. Date for projected initiation of the services, as soon as possible after the IFSP meeting
  2. Anticipated duration of those services
- C. Current functioning level of child in the following areas<sup>26</sup>:
  1. Cognitive development
  2. Physical development, including health, motor, vision and hearing
  3. Communication development
  4. Social or emotional development
  5. Adaptive development (also known as self-help or daily living skills)

The development of this section meets the following requirements:

- a. involves the family as full partners

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<sup>25</sup> See “Procedural Safeguards, Consent”

<sup>26</sup> Current levels of the child’s physical, cognitive, communication, social/emotional, and adaptive development must be based on professionally acceptable objective criteria.

- b. incorporates parental knowledge of and understanding of the child into the design of early intervention services which are to be provided.
- c. ensures the use of non technical, understandable language
- d. includes results of assessment performed in all of the areas listed above, including levels of development. This data is based on professionally accepted objective criteria [§303.344]

D. Family Information With the concurrence of the family, the IFSP must include a statement of the family’s resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the child.

E. Outcomes The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine:

1. the degree to which progress toward achieving the outcomes is being made; and,
2. whether modifications or revision of the outcomes or services are necessary.

F. Services The IFSP must contain a statement of the specific early intervention services<sup>27</sup> necessary to meet the unique needs of the child and the family to achieve the outcomes listed on the IFSP: The frequency, intensity and method of service delivery must be provided for each service.

- frequency: number of days or sessions that a service will be provided
- intensity: length of time the service will be provided, i.e., ½ hour, 1 hour etc., whether the service will be provided on an individual or group basis
- method: how a service is provided
- natural environments: see: Natural Environments in Definition section and “G” below
- location: actual place(s) where the service will be provided

G. Natural Environments

To the maximum extent appropriate, early intervention services are provided in Natural environment; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. [§303.167]

The IFSP must include a statement of “the natural environments in which early intervention services will be provided”. Natural environments are identified by the multidisciplinary team, which includes the parents. The process used by the team to identify the activities, learning opportunities, places and settings, determined appropriate, involves discussion of the following:

1. The individual needs of the child
2. The family’s concerns, priorities, and resources
3. Cultural norms and preferences
4. Caregivers and places where the child spends his/her day;
5. Environments and activities in which the family has previously participated but to which they now have limited access, due to the child’s disability, e.g., attending church, going out to dinner, hiking, etc.;

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<sup>27</sup> See “Definitions - EI services”

6. Settings where siblings, family members, or neighborhood children of the same age, without disabilities, spend their time;

#### Justification

The IFSP must include “a justification of the extent, if any, to which the services will not be provided in a natural environment”. A justification statement may be reflective of the family’s concerns and priorities, or a determination that the natural environments are not conducive to achievement of the child and family outcomes.

#### H. Other Services<sup>28</sup>

To the extent appropriate, the IFSP must include:

1. medical and other services that the child needs, but that are neither required nor covered by early intervention; and
2. The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

#### I. Dates; Duration of Services includes:

1. The projected dates for initiation of services
2. The anticipated duration of services

J. Service Coordinator: The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child’s or family’s needs (or who is otherwise qualified to carry out all applicable responsibilities required under Part C), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons. The programs may assign the same service coordinator who was appointed at the initial referral or appoint a new service coordinator.

K. Transition Plan – A transition plan is developed which includes the steps to be taken to support the transition of the toddler leaving the Early Intervention system to preschool services under Part B or other appropriate services. Components of the transition plan include, but are not limited to:

1. Discussion with, and training of parents regarding future placements and other matters related to the child’s transition;
2. Prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and
3. Transfer of the child’s information and records, including evaluation and assessment information and the current IFSP, to the local educational agency. This is done with parental consent to ensure continuity of services.

L. Payment Arrangements - Payment arrangements, if any, may be included on the IFSP or an attached document.

M. Signatures, Titles & Dates – The IFSP must include the date of the meeting, signatures and titles of all parties in attendance. Attendance is required of:

- 1) the parent(s),
- 2) the service coordinator; and,
- 3) at least one other member of the team involved in the evaluation and

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<sup>28</sup> Refer to Part C Regulations [§303.344], “note 2”

assessment of the child.

**PARENTAL CONSENT [§303.342]**

The contents of the IFSP shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in the plan. A signed, written statement of consent must be included on, or accompany, the IFSP. The family receives a copy of the signed and completed IFSP for their information and records.

The parent always have the option of providing or withdrawing consent to any early intervention service. The only services which can be provided are those for which the parent has given consent.

**ANNUAL REVIEW [§303.342]**

The IFSP must be reviewed annually to evaluate the plan and revise its provisions, as appropriate. The team considers information from current multi-disciplinary evaluation and ongoing assessment to determine (1) that the child is still eligible to receive early intervention services; (2) the degree to which progress is being made toward achievement of outcomes; and, (3) whether modification or revision of outcomes or services is necessary; and, (4) what services are needed and will be provided. This review constitutes a repeat of the entire IFSP process, from prior notice to the signing of the IFSP. Parent rights and all procedural safeguards must be presented to the family and thoroughly reviewed. IFSP team members must participate in an annual review or follow the procedures outlined for development of the initial IFSP.

Professional and parents participate as equal partners in defining concerns, priorities and resources and in identifying appropriate early intervention services needed and developing a plan to meet those needs.

**PERIODIC REVIEW [§303.342]**

A periodic review of the IFSP is conducted every six months, or more frequently, if conditions warrant or if the family requests a review. This review is conducted to determine (1) that the child is still eligible to receive early intervention services; (2) the degree to which progress is being made toward achievement of outcomes; and, (3) whether modification or revision of outcomes or services is necessary. To conduct a periodic review, the following must be present:

1. Parent(s) of the child;
2. Other family members, as requested by the parent, if feasible to do so;
3. An advocate or persons outside the family, if the parent requests that the person participate;
4. The service coordinator that has been working with the family since the initial referral of the child for evaluation, or that has been designated by the public agency to be responsible for implementation of the IFSP.
5. If conditions warrant, provisions must be made for the participation of other representatives noted above in the Participants in the IFSP Meeting.

The review is carried out by meeting or by another means that is acceptable to the parents and other participants.

**PROVISION OF SERVICES BEFORE EVALUATION AND ASSESSMENT ARE COMPLETED [§303.345]**

Early intervention services may begin in Utah for an eligible child and the child's family prior to the completion of multidisciplinary evaluation and assessment if it is necessary to meet their immediate and/or acute needs. In such cases, the following must occur in order for services to begin:

- A. Parental consent is obtained
- B. An interim IFSP is developed that includes:
  - 1. The name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons; and
  - 2. The early intervention services that have been determined to be needed immediately by the child and the child's family
- C. The evaluation and assessment are completed and an IFSP written within 45 days from the date of referral.

**RESPONSIBILITY AND ACCOUNTABILITY [§303.346]**

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

**DISPUTE RESOLUTION [§303.340]**

If a dispute arises between agencies or service providers as to who has responsibility for developing or implementing an IFSP, the dispute will be resolved according to the protocol outlined in the dispute resolution section according to the requirements of section [§303.340].

## **COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD)** **[§303.360]**

The State of Utah has developed its own comprehensive system of personnel development (CSPD) under Part C of the Act; however, the Part C CSPD system has been imbedded into a comprehensive 0-21 system through close coordination and cooperation with the State Office of Education and its Part B system. The Part C system is consistent with the requirements of Part B with the addition of unique Part C training requirements for Early Intervention Specialists, paraprofessionals, primary referral sources, those in rural areas and inner-city areas, and those involved with transition services. Certification of early childhood special education teachers is issued through the SOE for a certificate covering ages birth through five. This certificate is accepted by both Part C and Part B programs. Utah's Part C, CSPD also includes strategies and activities for the recruitment and retention of early intervention providers and promotes the preparation of early intervention providers who are fully and appropriately qualified to provide Part C services.

The State of Utah assures that its CSPD provides for preservice and in-service training that is conducted on a multidisciplinary basis, to the extent appropriate; and it provides for the training of a variety of personnel needed to meet Part C requirements, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators.

The State of Utah further assures that the training provided (which includes primary referral sources) relates specifically to understanding the basic components of early intervention services available in Utah; relates to meeting the interrelated social and emotional, health, developmental and educational needs of Part C eligible children; and relates to assisting families in enhancing the development of their children and in participating fully in the development and implementation of IFSP's.

The State of Utah also assures that Baby Watch is maximizing a variety of innovative and state-of-the-art strategies in addressing unique training challenges. These include training of rural providers, recruitment and retention of early intervention personnel that serve traditionally underserved populations, e.g., Native American, inner city, etc. Strategies also include interagency collaboration in current methods and sharing training resources; the use of electronic, long-distance education technology; regional training; and, incorporation of mentors from indigenous populations around the state.

### **Personnel Preparation**

Utah's personnel preparation component of early intervention addresses training for multidisciplinary team members serving infants and toddlers under age 3 with disabilities. It includes both preservice and in-service strategies to insure timely, ongoing service delivery utilizing existing staff, while future qualified providers are still in training. As required in Part C, the service system must be "...coordinated, comprehensive, multidisciplinary and interagency...".

## I. IN-SERVICE TRAINING--FOR CREDENTIALING PURPOSES

It is the policy of the lead agency in Utah to require credentialing of all individuals in the State who provide early intervention services under Part C by September 1, 2000. This requirement includes all professionals of all disciplines, all paraprofessionals, and all persons serving as service coordinators who are employed in any public or private agency that provides services under Part C. To accomplish this goal, the lead agency coordinates a statewide program of approved in-service training leading toward credentialing. The training is based on Utah's Early Intervention Core Competencies and relates specifically to the following: (1) understanding the basic components of early intervention services available in the State; (2) meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under Part C; and (3) assisting families in enhancing the development of their children, and in participating fully in the development and implementation of IFSP's. This training network includes the following design:

### A. Multidisciplinary Staff Development Team:

A multidisciplinary staff development team (the CSPD Training Team) has been utilized to develop and teach the in-service modules. This team is made up of parents, paraprofessionals and professionals representing various disciplines who are qualified and experienced in service delivery to infants and toddlers with disabilities and their families. Members of the team also have expertise in teaching the adult learner and have experience working in Part C programs. Training is provided in a multidisciplinary context whenever possible, with trainers and participants representing several disciplines involved in the training events. Activities of this team include the following:

1. providing in-service training across the state;
2. modeling and demonstrating specific techniques when appropriate;
3. providing follow-up and ongoing technical assistance to early intervention providers;
4. providing discipline-specific consultation and training;
5. assuring that early intervention program directors and coordinators receive the necessary administrative training to fulfill the requirements and responsibilities of those positions.

### B. Mentors:

Individuals designated as mentors for early intervention, and who have completed the early intervention credentialing process, will be utilized to assist in the guidance and training of professionals and paraprofessionals at local sites who are seeking early intervention credentialing across the state. Activities may include:

1. conducting in-service training sessions based on Utah's CSPD for early intervention;
2. modeling and demonstrating specific techniques when appropriate;
3. observing in-service participants in their application of principles and methods which were studied during training sessions;
4. providing constructive feedback and coaching credentialing candidates concerning their attainment of Utah's Early Intervention Core Competencies
5. providing follow-up at the local level through continued support, assistance, guidance, coaching, feedback, interaction, and idea sharing.
6. evaluating competency attainment of applicants for early intervention credentials

7. providing discipline-specific consultation and training
- C. Other State-Approved In-service Training:  
Utah plans to utilize in-service training from other agencies and programs to complement the efforts of the CSPD team. In addition, this strategy would create more opportunities for candidates to complete the credentialing process. These in-service programs would be required to meet the State Early Intervention CSPD standards and criteria for in-service training programs.
- D. Mechanisms for Completion of the Credentialing Process  
To acquire Utah's Early Intervention Credential, candidates are offered a choice of mechanisms for completing the credentialing process. These include, but, to date, are not limited to:
- 1) submission of preservice College/University transcripts for consideration for completion of competencies;
  - 2) completion of a portfolio containing such items as; documentation of work experiences related to the competencies, in-service training, and/or passage of competency-specific examination(s).

## II. IN-SERVICE TRAINING FOR CONTINUING PERSONNEL DEVELOPMENT

Programs rely heavily on in-service training to keep qualified providers current and informed of the latest in best practice models. Also, team in-service facilitates group involvement in planning and implementation of services. Such involvement facilitates a collective effort toward the solution of extremely complex, chronic, or costly problems.

Ongoing staff development activities are implemented to maintain high levels of investment, expertise and retention among early intervention personnel. Appropriate curriculum selection will be accomplished by individual program directors and the state Baby Watch Early Intervention staff.

- A. Each program conducts a training needs assessment for the purpose of determining and prioritizing continuing education needs of its staff. State staff assists local programs in maximizing a variety of training opportunities including, but not limited to, conferences, consultation, technical assistance from state staff, coursework, and other resources. Individuals involved in training activities, including in- and out-of-state conferences, utilize staff in-service sessions as a mechanism to update their colleagues regarding new information they have obtained. A system of regional training and technical assistance has been utilized to maximize personnel and travel time dedicated to staff development activities.
- B. Utah's commitment to parent/professional partnerships is reflected in CSPD and ongoing training. Modules have been developed to highlight and underscore the impact of having a child with disabilities on the family system, as well as approaches, communication skills, and strategies for engaging parents at all levels of the early intervention system. Parents are included on the state CSPD team and provide input and feedback on all training components developed for the system. Whenever appropriate families and early intervention staff participate jointly in training sessions.

### III. PRE-SERVICE TRAINING OPPORTUNITIES IN UTAH

Currently there are a number of university and college personnel preparation programs in Utah. Some provide training to the aide or assistant level, others provide undergraduate and graduate degrees. Ongoing dialogue is facilitated with these programs to communicate personnel preparation issues related to early intervention, including the basic Early Intervention Core Competencies and various employment opportunities. A joint approval process has been developed between state early intervention (DOH) and preschool special education (USOE) agency for implementation of preservice programs of study that will result in credentialing at graduation from participating institutions of higher learning. Information about existing programs, dependent on discipline area and geographic location, can be accessed by contact with the state Baby Watch Early Intervention staff.

- A. State Approval of Personnel Preparation Programs--The lead agency is coordinating with university personnel in an effort to provide ongoing state approval of currently existing programs of study so that their students, upon completion of these courses of study, will qualify for early intervention credentialing as described in the Personnel Standards section of this document. State approval of preservice programs ensures that the curricula of these programs relate specifically to (1) understanding the basic components of early intervention services available in the State; (2) meeting the interrelated social/emotional, health, and developmental, and educational needs of eligible children under this part; and (3) assisting families in enhancing the development of their children, and in participating fully in the development and implementation of IFSP's.
- B. The lead agency is actively seeking opportunities to continue coordination with institutions of higher education, various early childhood and education departments within the institutions, and among departments representing allied areas of study in the development of programs of study leading toward early intervention credentialing.

#### **Recruitment and Retention**

Utah utilizes the above education and training activities along with support and mentoring strategies to help with recruitment and retention issues. This has facilitated:

- the hiring of appropriate personnel;
- supporting and mentoring personnel as they have become qualified early intervention providers.

These professionals are thus adequately and appropriately trained to work with a variety of consumers, including underrepresented populations, such as those residing in rural and inner-city areas and on reservations, and those working with low-incidence disability groups, such as the hearing and vision-impaired and those who are Deafblind.

## PERSONNEL STANDARDS

### I. DEFINITIONS

- A. APPROPRIATE PROFESSIONAL REQUIREMENTS IN UTAH MEANS: entry level requirements that
1. are based on the highest requirements in Utah applicable to the profession or discipline in which a person provides early intervention services, and
  2. establish suitable qualifications for personnel providing early intervention services under IDEA, Part C, to eligible children and their families who are served by State, local, and private agencies.
- B. HIGHEST REQUIREMENTS IN UTAH APPLICABLE TO A SPECIFIC PROFESSION OR DISCIPLINE MEANS: the highest entry-level academic degree needed for any Utah approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline.
- C. PROFESSION OR DISCIPLINE MEANS: a specific occupational category that
1. provides early intervention services to children eligible under Utah's Part C definition, and their families,
  2. has been established or designated by Utah, and
  3. has a required scope of responsibility and degree of supervision.

UTAH APPROVED OR RECOGNIZED CERTIFICATION, LICENSING, REGISTRATION, OR OTHER COMPARABLE REQUIREMENTS MEANS: the requirements that Utah's legislature has authorized Utah's lead agency or other state agencies to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in Utah.

### II. POLICY AND PROCEDURES RELATED TO PERSONNEL STANDARDS

The Utah Department of Health has established policy and procedures related to the establishment and maintenance of standards to ensure that personnel necessary to carry out the purposes of Part C, Utah's early intervention system, are appropriately and adequately prepared and trained. These policies and procedures have established standards that are consistent with Utah's approved or recognized certification, licensing, credentialing or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services. These standards are summarized in the following chart.

### III. HIGHEST REQUIREMENTS IN THE STATE FOR EARLY INTERVENTION PERSONNEL

This section summarizes a review of all Utah statutes and rules applicable to those serving children under Part C.

## HIGHEST REQUIREMENTS IN THE STATE FOR EARLY INTERVENTION SPECIALIST II PERSONNEL\*

<u>DISCIPLINE</u>	<u>HIGHEST ENTRY-LEVEL ACADEMIC DEGREE</u>	<u>CERTIF/LICENSURE/ REGISTRATION</u>
Audiologist	Master's	license or communication disorders certification and endorsement
Dietitian	Baccalaureate	certification
Educator, regular	Baccalaureate	certification (SEA)
educator, preschool special	Baccalaureate	certification (SEA)
educator, special	Baccalaureate	certification (SEA) and one or more endorsement; i.e. mild-moderate severe, hearing impaired, vision impaired
marriage/family therapist	Master's	license
nurse, practitioner	Master's (previously Baccalaureate)	license
nurse, registered	completion of a state approved registered nursing education program	license
occupational therapist	Baccalaureate	license
orientation & mobility specialist	Baccalaureate	certification and vision endorsement in orientation & mobility
physical therapist	Graduation from an accredited school of physical therapy	license
pediatrician or other physician	Doctor of Medicine	license
physician assistant	Completion of approved physician Assistant education program	license
psychologist, clinical	Doctorate	license
psychologist, school	Master's	certification (SEA)
social worker	Master's	license
social services worker	Baccalaureate	license
speech/language pathologist	Master's	license or SEA certification and endorsement

References: Available for public inspection at the Office of the Director of Community and Family Health Services at the Utah Department of Health: 1. Utah Code Unannotated, Title 53A and Title 58;  
2. Utah State Board of Education Certification Standards

**HIGHEST ENTRY LEVEL REQUIREMENTS IN UTAH  
FOR EARLY INTERVENTION  
SPECIALIST II PERSONNEL WITH RELATED DEGREES**

**These persons function as EI generalists not as discipline specific specialists who require licensure, certification, etc... as noted on the previous page.**

<u>DISCIPLINE</u>	<u>HIGHEST ENTRY-LEVEL ACADEMIC DEGREE</u>	<u>CERTIF/LICENSURE/ REGISTRATION</u>	<u>EARLY INTERVENTION CREDENTIAL II</u>
Adaptive Physical Education (NA)	Baccalaureate	DOH EI II Credential	All persons with these related Degrees will be required to Obtain an Early Intervention credential either through completion of BWEIP in-service training or demonstration of successful completion of pre-approved, pre-service coursework which meets the Core Competency requirements
Child Development (NA)	Baccalaureate	DOH EI II Credential	
Child Life (NA)	Baccalaureate	DOH EI II Credential	
Communication Disorders Specialist (NA)	Baccalaureate	DOH EI II Credential	
Early Childhood (NA)	Baccalaureate	DOH EI II Credential	
Early Intervention (NA)	Baccalaureate	DOH EI II Credential	
Family Studies (NA)	Baccalaureate	DOH EI II Credential	
Health (NA)	Baccalaureate	DOH EI II Credential	
Music Therapy (NA)	Baccalaureate	DOH EI II Credential	
Psychology (NA)	Baccalaureate	DOH EI II Credential	
Recreational Therapy (NA)	Baccalaureate	DOH EI II Credential	
Social Work (without licensing) (NA)	Baccalaureate	DOH EI II Credential	
Sociology (NA)	Baccalaureate	DOH EI II Credential	

## HIGHEST REQUIREMENTS IN THE STATE FOR EARLY INTERVENTION SPECIALIST I PERSONNEL

<u>AREA OF SPECIALTY</u>	<u>HIGHEST ENTRY-LEVEL ACADEMIC DEGREE/ EDUCATION PROGRAM/ CERTIFICATION</u>	<u>CERTIF/LICENSURE/ REGISTRATION</u>
Audiology Aide	H.S. Diploma and Health Care Assistant Registration	DOH E I Credential
Certified Nurse (LPN)	Associate Degree	licensure & DOH EI I Credential
Early Intervention Paraprofessional	H.S. Diploma or Graduate Equivalency Diploma (GED) <u>Plus</u> Post secondary school training, i.e., CDA, Associate Degree, non-related Bachelor Degree	DOH EI I Credential
Certified Occupational Therapy Assistant (COTA)	Graduation from an approved Occupational therapy assistant Education program	license & DOH EI I Credential
Speech-Language Pathology Aide	H.S. Diploma and Health Care Assistant Registration	DOH EI I Credential

#### IV. STATUS OF PERSONNEL STANDARDS IN UTAH AS RELATED TO HIGHEST STANDARDS

All personnel providing early intervention services to Part C eligible children under age 3 either hold Utah approved or recognized certification, licensing, registration, or other comparable requirements OR are under the supervision or direction of a person holding such certification, licensing, registration or other comparable requirement. This arrangement reflects Utah's highest standards for personnel delivering early intervention services under Part C. By September 1, 2000, all personnel will meet not only these standards, but will have acquired the Early Intervention Credential

#### V. STEPS TO BRING ALL PERSONNEL INTO COMPLIANCE WITH HIGHEST STANDARDS

In accordance with federal requirements, it is the intention of the Utah State Office of Education and the Utah Department of Health, through the implementation of Utah's Comprehensive System of Personnel Development (CSPD), to increase the state's pool of qualified specialists to meet statewide needs by the year 2001. Recruitment and training efforts to assure the

achievement of this personnel goal will be coordinated by the Utah State Office of Education and the Utah Department of Health through several means: (1) the Personnel Preparation Planning Council (PPP), which involves Utah State Office of Education staff and all institutions of higher education preparing special educators; and (2) the CSPD Consortium, involving representative of all public school districts, institutions of higher education, Utah State Office of Education staff, Utah Department of Health, and professional and advocacy organizations. Accomplishment of this goal will be planned so that sufficient numbers of trained personnel will be produced by institutions of higher education within the state and also recruited through normal recruitment activities. Any personnel who do not meet the highest personnel standards of the state for an early intervention profession may only practice in an early intervention as an Early Intervention Specialist I.

A. UTAH'S EARLY INTERVENTION CORE COMPETENCIES

In response to the challenge of addressing the above issues, Utah's state early intervention system has adapted a competency-based model of conceptualizing professional knowledge. Utilizing the core competencies recommended by various researchers and practitioners and those proposed by professional organizations, licensing agencies and training institutions, Utah has developed suitable qualifications through a system of credentialing based upon competency attainment in the following six pertinent areas:

1. Health
2. Typical Child Development
3. Development in Children with Special Needs
4. Family Involvement/Interaction with Families
5. Evaluation and Assessment
6. Program Implementation

B. UTAH'S CREDENTIALING PROCESS

1. Early Intervention Specialist I and II may become credentialed through successful completion of either a and b, **OR** c:
  - a. Completion of an approved in-service program of studies  
  
The in-service program of studies consists of nine training experiences completed by an individual on a self-study basis or by groups of individuals training together. The in-service training addresses the competencies in the six pertinent areas noted above.
  - b. Completion of a portfolio which documents the integration of core competencies into practice.
  - c. Completion of an approved college or university pre-service training program

The lead agency awards an early intervention credential to individuals upon successful completion of an approved personnel preparation program. Where appropriate, the preservice program will be jointly approved by the Utah Department of Health and the Utah State Office of Education in order for individuals to earn both the early intervention credential and a teaching certificate.

2. The Early Intervention III Credential is a specialized administrative credential for those serving as Early Intervention program directors or coordinators. These persons must have an EI II credential. All contracted early intervention programs will be required to have at least one person holding an Early Intervention III credential who functions in an administrative capacity, as a local program director or coordinator. Other personnel employed in early intervention, who hold an EI II credential, may make application to participate in the EI III Program Administrator's Training.

To receive the Early Intervention III Credential an applicant must complete a, b, **and** c:

- a. Document the completion of an advanced course of study through **one** of the following three options.
  - i. A Master's Degree from an accredited college or university in one of the disciplines designated in the preceding two charts for Early Intervention Specialist II personnel
  - ii. 45 quarter or 30 semester hours of graduate course work in an early intervention related discipline.
  - iii. A total of 45 units to be a combination from the following:
    - (a) A minimum of 15 quarter, or 10 semester hours of approved graduate university coursework in early intervention or in an early intervention discipline with emphasis on young children and the family. One quarter hour equals 1 unit. One semester hour equals 1.5 units.
    - (b) A maximum of 15 approved units of in-service training. One unit equals ten clock hours.
    - (c) A maximum of 15 units of approved work experience in a Part C early intervention program. One calendar year (12 months) equals five units.
- b. Demonstrate the Early Intervention Specialist II competencies by earning the Early Intervention Specialist II Credential.
- c. Demonstrate knowledge and application of the following early intervention, administrative, management, and supervisory principles which may include but not necessarily limited to:

- fiscal management
- risk management
- human resource management
- applicable federal regulations and procedures such as those in EDGAR, the OMB circulars, ADA requirements, etc.
- applicable federal statutes and regulations pertaining to the Individuals with Disabilities Education Act, Part C and applicable sections of Part B, including mediation
- applicable State of Utah and Department of Health laws, regulations and procedures
- procedures for the implementation of early intervention services by local contract programs
- current early intervention issues

The above knowledge base may be obtained through the Utah Department of Health, Early Intervention Program Administrator's In-Service training and pertinent activities, through completion of approved pre-service/university coursework (such as education's administrative certificate) or through other approved training activities which contain the required curriculum components.

C. CERTIFICATE OF AUTHORIZATION - E.I. AIDE

The EI Aide will be authorized to work in a specific early intervention program. This authorization will require an individualized in-service training plan that is jointly agreed upon by the local program director and the state staff and which reflects the aide's program duties.

D. LETTERS OF AUTHORIZATION

Because of the shortage of qualified professionals, which is documented nationwide, the early intervention provider will be able to apply for a time-limited letter of authorization to fill a position with a candidate who has not yet completed the appropriate requirements for credentialing. The following circumstances will need to be met for the Department of Health to award the letter of authorization:

1. The early intervention provider must submit documentation of a good faith attempt to recruit credentialed personnel for the vacant position.
2. The early intervention provider may fill a position provisionally with the most qualified noncredentialed applicant. The early intervention provider must take concurrent action to apply for the letter of authorization. This application must include a plan to be approved by the Department of Health in which the authorized person will participate immediately in in-service or pre-service training leading toward the achievement of the early intervention credential.
3. The early intervention provider must submit semiannual progress reports documenting progress in the approved plan for credentialing.

4. The length of the period of authorization will be one year. Two one-year extensions may be granted if significant progress is made toward credentialing.
5. If appropriate progress is not made toward completion of the plan, the letter of authorization may not be renewed at the discretion of the Department of Health.
6. By the end of the third authorization year, the authorized person must have completed the requirements for the appropriate level credential in order to continue to provide early intervention services under Utah's early intervention system.

E. SUPERVISION REQUIREMENTS

Professionals who have obtained certification, credentialing, licensing, registration, or other comparable requirements that apply to a profession or discipline are responsible for the services to children and families. All other early intervention personnel must be duly supervised according to the following standards.

1. Early Intervention Specialist I

a. Elements of Supervision

- i. Frequent case consultation related to the on-going services to the child and family and appropriate documentation of this consultation.
- ii. Reviewing and signing all home visit notes, progress notes, etc.
- iii. Periodic observation of the paraprofessional while working with the child and documentation of this observation.
- iv. Periodic contact with the parent. Documentation of this contact.
- v. Documentation of positive feedback or complaints by parents. Documentation of issue resolution, action, or justification for no action.
- vi. Documentation of staff development activities and/or completion of professional development milestones.
- vii. Any other activities necessary to assure appropriate service delivery for children and families.

b. Regulations for Supervision

- i. The Early Intervention Specialist I does not do evaluations or assessments except under the following conditions:
  - (a) An Early Intervention Specialist I may participate in evaluation assessment if the professional is present and active in the assessment. For example, the Early Intervention Specialist I who has been appropriately trained may assist in the completion of one of the protocols for one of the domains on the transdisciplinary play-based

assessment if the professional is present in the same room and is also doing parts of the assessment.

- (b) A Early Intervention Specialist I may play a key role in discussions with the parent to gather information about the child's functioning and/or about the family concerns, priorities, and resources utilizing specific questions provided by the professional.
- ii. The Early Intervention Specialist I does not do direct service without supervision.
- (a) A well-trained Early Intervention Specialist I may work as a leader of a group of children and may do home visits, but only under supervision. This supervision must include all of the elements of supervision described above. This supervision does not always have to be on site, unless it is required by licensing law for a specific discipline.
  - (b) The supervision regulations under state licensing for each discipline apply. This will be at the discretion of the individual professional to determine when a paraprofessional can work without constant on-site supervision. The professional assumes responsibility for this arrangement and makes appropriate documentation, i.e. on the IFSP and on lesson plans, home visit reports, progress notes, etc.

## 2. Early Intervention Aide

- a. The role of the Early Intervention Aide is to provide support and assistance to EI Specialist II personnel in the provision of service to families and children served in early intervention programs. The EI aide must have a high school diploma or a GED or must have completed on-site training in an early intervention program. The EI aide will be given specific, on-site training by supervisory staff to insure necessary skills to work in the assigned setting. Additionally, EI Aides should receive direct, on-site daily supervision from EI specialist II personnel.

After completion of a training program outlined by the program director, and in consultation with the CSPD Coordinator, the Early Intervention Aide will receive a certificate of authorization to work in an early intervention program.

- b. EI Aides may perform a variety of specific activities, including (but not limited to):

- i. accompanying EI Specialist II on home visits and providing direct services to eligible child's siblings while supervisor works with other family members
    - ii. preparing teaching materials and cleaning-up after group activities and assisting in various classroom activities including feeding, toileting, back-up, etc.
  - c. Early Intervention Aides may not assume responsibility for the following activities:
    - i. IFSP development for children and families
    - ii. Program development for individual children
    - iii. Primary responsibility for the day-to-day running of a classroom
    - iv. Unsupervised home visits
    - v. Assessment of children and families
    - vi. Parent education
    - vii. Supervision of other staff and volunteers
- 3. Supervision as delineated in state licensing requirements for physical therapy, occupational therapy, and speech/language aids and assistants must be practiced in early intervention programs.
- 4. Supervision as delineated in the Nurse Practice Act must be practiced in early intervention programs.

**G. PROCEDURES FOR NOTIFYING PUBLIC AGENCIES AND PERSONNEL OF STEPS THE STATE IS TAKING TO BRING PERSONNEL INTO COMPLIANCE WITH THE NEW CREDENTIALING REQUIREMENTS:**

- 1. As a part of its annual contractual negotiations with early intervention providers, the Utah Department of Health will provide a copy of the credentialing requirements for personnel as stated in this section.
- 2. Department of Health early intervention personnel will meet with the directors of the contracted early intervention programs to review these policies and to develop specific plans for the training of their personnel through the utilization of the statewide system of in-service training or through other approved programs of study.

**H. TIMELINES FOR RETRAINING OR HIRING OF PERSONNEL THAT MEET THE STATE'S CREDENTIALING REQUIREMENTS:**

- 1. All personnel who are currently providing early intervention services under Part C and all personnel who are employed prior to September 1, 1997, must meet the State's requirements for credentialing no later than September 1, 2000.

2. All personnel who begin employment as early intervention service providers under Utah's early intervention system between September 2, 1997, and September 1, 2000, will be able to apply for a letter of authorization if credentialing requirements are not met by September 1, 2000. The length of time between employment and the achievement of the credential must occur within 3 years.
3. Personnel employed after September 1, 2000, to provide early intervention services under Utah's early intervention system, must hold the appropriate early intervention credential or a letter of authorization as described in this section.
4. In the event that an early intervention program providing services under Utah's early intervention system is unable to employ credentialed personnel after September 1, 2000, a letter of authorization may be granted according to the procedures described above. The length of the period of authorization will be one year. Two one-year extensions may be granted if significant progress is made toward credentialing.

#### I. OTHER ADMINISTRATORS

Other administrators who have organizational supervision over an Early Intervention program are also considered in the CSPD system. These are administrators and/or supervisors who may receive a portion of their salary from Early Intervention funds or who may make programmatic decisions which impact Early Intervention. Although they are not responsible for direct service or day to day operation of the program, it is imperative that they have a clear understanding of the basic laws, regulations, contract obligations, and principles of Part C services under IDEA. These individuals have an obligation to keep current with such issues.

These administrators will be required to work with the state early intervention program to design an individual plan of study or activities specific to meet the obligations noted above.

DEPARTMENT OF HEALTH EARLY INTERVENTION  
 CREDENTIALING AND SPECIAL AUTHORIZATION  
 TO BE IN PLACE BY SEPTEMBER 1, 2000

CREDENTIAL LEVEL	EDUCATION	SUPERVISION	JOB RESPONSIBILITIES
EI Specialist III Administrative Credential	1. Bachelor Degree or equivalent professional training <u>Plus</u> 2. Certification or Licensure if required by the profession or other comparable requirements that apply to a profession <u>Plus</u> 3. Administrative training and at least one year experience in Part C , or equivalent <u>Plus</u> 4. Completion of program of advanced study	May Work Unsupervised  May supervise EI III's EI I's, II's, aides, and those persons holding certificates of authorization or letters of authorization	Oversight of assessment, evaluation, IFSP development, and intervention and service coordination practices of program  Program Coordination  Program Administration
EI Specialist II Credential	1. Bachelor Degree or equivalent professional training <u>Plus</u> 2. Certification or Licensure if required by the profession or other comparable requirements that apply to a profession	May supervise EI I, aide, and those persons holding certificates of authorization or letters of authorization	Assessment Evaluation IFSP Development Intervention  Service Coordination  Team Coordination
Early Intervention Specialist II, Sensory Endorsement	As noted for EI II credential <u>Plus</u> 0 to 3 Vision, Hearing or Deaf/Blind Endorsement	Employed and Supervised By USDB	As above for EI II <u>Plus</u> Sensory Representative for local EI programs

<p>EI Specialist I Credential</p>	<p>1. H.S. Diploma or Graduate Equivalency Diploma (GED) <u>Plus</u> 2. Post secondary school training, i.e. CDA, credential, Associate Degree, or Non-related Bachelor Degree</p>	<p>Supervised by EI II or EI III on at least a weekly basis Supervision must be in compliance with early intervention regulations and licensing and certification regulations</p>	<p>Intervention in areas of basic level early intervention competencies  Service coordination under supervision of EI II or EI III</p>
<p><b>SPECIAL AUTHORIZATION</b></p>	<p><b>EDUCATION</b></p>	<p><b>SUPERVISION</b></p>	<p><b>JOB RESPONSIBILITIES</b></p>
<p>EI Aide Certificate of Authorization</p>	<p>H.S. Diploma or GED or enrollment in an on-the-job training program</p>	<p>May not supervise  Works only under daily direct supervision by EI II or EI III</p>	<p>Takes action, makes decision and performs assigned tasks <u>only</u> under the supervision of professionally-credentialed personnel</p>
<p>Deaf Mentor Certificate of Authorization</p>	<p>As prescribed by USDB and approved by BWEIP</p>	<p>As per USDB standards</p>	<p>As required by USDB</p>
<p>Intervener Certificate of Authorization</p>	<p>As prescribed by USDB and approved by BWEIP</p>	<p>As per USDB standards</p>	<p>As required by USDB</p>
<p>Other, i.e. independent Contractor Certificate of Authorization</p>	<p>Highest Degree related to discipline</p>	<p>Programmatic supervision by EI III May supervise as per state licensing regulations</p>	<p>As per employer requirements</p>

## PROCEDURAL SAFEGUARDS

### Assurances Regarding Procedural Safeguards [§303.400]

Utah's lead agency, the Utah Department of Health, is responsible for establishing the procedural safeguards for early intervention services to Part C eligible infants, toddlers and their families that follow in this Section. The lead agency is further responsible for ensuring effective implementation of these safeguards by each public agency in Utah that is involved in the provision of Part C early intervention services.

### Definitions Of Terms Used In Relation To Procedural Safeguards

- A. ADMINISTRATIVE RESOLUTION PROCEDURE [§303.420]: The procedures used for administrative resolution of individual child complaints by an impartial decision maker.
- B. AGENCY: The lead agency and any other political subdivision of the State that is responsible for providing services to children and their families.
- C. ASSESSMENT: The ongoing procedures used by appropriate qualified personnel throughout the period of an infant's or toddler's eligibility to identify:
1. The infants or toddlers unique strengths and needs;
  2. The family's resources, priorities and concerns related to the development of the infant or toddler;
  3. The nature and extent of early intervention services that are needed by the child and the child's family to meet their needs.
- D. CHILD/CHILDREN: Infants and toddlers with disabilities.
- E. CONSENT [§300.500]:
1. The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;
  2. The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom; and
  3. The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
  4. Consent must be sought for each discreet activity or set of records requested by the agency/provider at least annually.
  5. The parent has the right to determine whether they, their infant or toddler, or other family members will accept or decline any Part C early intervention service in accordance with Utah law without jeopardizing other Part C early intervention services.
- F. DAYS [§303.9]: calendar days

- G. DESTRUCTION: Physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.
- H. EDUCATIONAL RECORDS: The type of records covered under the definition of "educational records" in CFR Part 99 [which are the regulations of implementing the Family Education Rights and Privacy Act of 1974 (FERPA)]. Any reference to "educational records" shall be considered to be a reference to "early intervention records." These records are:
1. directly related to a child and his/her family;
  2. maintained by an early intervention program;
  3. used to determine and support eligibility determination and service delivery;
  4. confidential
- Early Intervention records may be shared only between and among direct service contractors and the State office of BWEIP or agents of the State BWEIP. Parental consent must be obtained in order to transfer these records outside the early intervention system.
- I. EVALUATION: The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for early intervention services, including determining the status of the infant or toddler in each developmental area.
- J. IFSP: Individualized Family Service Plan. A written plan for providing early intervention services to a child eligible under Utah's definitions for eligibility and the child's family.
- K. MEDIATION: The procedure to resolve disputes outside the formal hearing process. This process does not preclude the full implementation of all hearing timelines and/or procedures in the context of administrative resolution process.
- L. MULTIDISCIPLINARY: The involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation, assessment, and development of the IFSP.
- M. NATIVE LANGUAGE: The language or mode of communication normally used by the parent of a child eligible for Part C early intervention services §303.401.
- N. PARENT:
1. "Parent" means: §303.19
    - a. a natural or adoptive parent of a child
    - b. a guardian,
    - c. a person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or
    - d. a surrogate parent who has been appropriately assigned. The term does not include the State of Utah if the child is a ward of the State.
  2. State law may provide that a foster parent qualifies as a parent under this part if -
    - a. the natural parents' authority to make early intervention or educational decisions on the child's behalf has been relinquished under State law and

- b. The foster parent has an ongoing long-term parental relationship with the child;
  - c. The foster parent is willing to participate in making early intervention or educational decisions on the child's behalf;
  - d. The foster parent has no interest that would conflict with the interests of the child.
- O. **PARTICIPATING AGENCY**: Any agency or institution which collects, maintains, or uses personally identifiable information or from which information is obtained under Part C.
- P. **PERSONALLY IDENTIFIABLE INFORMATION**: Information that includes:
  - 1. The name of the child, the child's parent, or other family member;
  - 2. the address of the child;
  - 3. A personal identifier, such as the child's or parent's social security number; or
  - 4. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.
- Q. **PROVIDER**: An individual who, or contracting program which, supplies intervention and direct service to infants or toddlers and families.
- R. **QUALIFIED**: A person who has met Utah-approved or recognized certification, licensing, registration, credential or other comparable requirements that apply to the area in which the person is providing early intervention services.

**DESCRIPTION OF UTAH'S PROCEDURAL SAFEGUARDS UNDER IDEA, PART C**  
**[§303.400]**

Following are described procedural safeguards provided under Utah's statewide early intervention system. Minimum provisions under are included, cited, and contained within more specific procedures and guarantees outlined as follows:

**Opportunity to Examine Records [§303.402]**

The parents of a child evaluated for early intervention services are afforded the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSP's individual complaints dealing with the child, and any other area involving early intervention records about the child and the child's family.

**Prior Notice; Native Language [§303.403]**

- A. Written prior notice is given to the parents of a child eligible for early intervention in Utah within a reasonable time before a public agency or service provider proposes, to initiate or change or refuses to initiate or change, the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services to the infant or toddler. Each prior notice must be accompanied by a copy of parents' rights, including a description of how to file a complaint and the timelines under those procedures.

B. Content of Notice

The notice is in sufficient detail to inform the parents about:

1. The action that is being proposed or refused;
2. The reasons for taking the action;
3. All procedural safeguards that are available under this part;

C. Native Language

1. The notice must be:
  - a. written in language understandable to the general public; and,
  - b. provided in the native language of the parents, unless it is clearly not feasible to do so.
2. If the native language or other mode of communication of the parents is not a written language, the public agency, or designated service provider, ensures that:
  - a. The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
  - b. The parent understands the notice; and,
  - c. There is written evidence that these have been met.
3. If a parent is deaf or blind, or has no written language, the mode of communication is that normally used by the parent (such as sign language, Braille, or oral communication).

Consent [§303.404]

A. Consent means that:

1. the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication used by the parent;
2. the parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and
3. the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

B. Written parental consent is obtained before:

1. Conducting the initial evaluation and assessment of a child; and,
2. The initiating the provision of early intervention services.

C. If consent is not given, the public agency makes reasonable efforts to ensure that the parent:

1. is fully aware of the nature of the evaluation and assessment or the services that would be available; and
2. understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

- D. If a parent refuses consent to evaluation and assessment, the local early intervention provider may request that the state service delivery coordinator convene a panel of three professional experts (includes a parent advocate representative) to review all available records on the child and provide consultation to the family concerning:
1. the suspected need for early intervention services,
  2. the importance of the evaluation and assessment in determining the child's need for services,
  3. the possible consequences to the child if the services are not provided,
  4. types of services that are available through the early intervention system, and
  5. possible ways that the family may obtain services if they prefer not to utilize the public early intervention system.

If the parent refuses to consent to evaluation after consultation with the panel of experts, and if the decision of the panel of experts is that serious harm may result to the health or welfare of the child if early intervention services are withheld, the panel of experts may take action under Human Services Code 62A-4-502.

#### Right of the Parent to Decline Services [§303.405]

The parents of a child eligible for early intervention services under Part C may determine whether they, their child, or other family members will accept or decline any early intervention service under Part C in accordance with state law, and may decline such a service after first accepting it without jeopardizing other early intervention services.

#### Surrogate Parents [§303.406]

- A. The lead agency will ensure that the rights of children eligible for early intervention are protected if:
1. no parent can be identified,
  2. after reasonable effort, the participating agency cannot determine the whereabouts of the parents, or
  3. the child is a ward under Utah law, the participating agency assigns an individual to act as a surrogate parent in any way permitted under Utah law which is as follows:
- B. **Duty of Lead Agency and Other Public Agencies**  
The duty of the lead agency, or other public agency, concerning surrogates, includes the assignment of an individual to act as a surrogate for the parent. This must include a method for:
1. Determining whether a child needs a surrogate parent; and,
  2. Assigning a surrogate parent to the child
- C. **Criteria for Selecting Surrogates**
1. The lead agency or other public agency may select a surrogate parent in any way permitted under State law.
  2. Public agencies shall ensure that a person selected as a surrogate parent:
    - a. has no interest that conflicts with the interests of the child he or she represents; and,
    - b. has knowledge and skills that ensure adequate representation of the child

- D. Non-Employee Requirement; Compensation
1. A person assigned as a surrogate parent may not be an employee of the State lead agency, or other State agency, and who shall not be any person, or any employee of a person providing early intervention services to the infant or toddler, or any family member of the infant or toddler;
  2. A person who otherwise qualifies to be a surrogate parent is not an employee solely because he or she is paid by a public agency to serve as a surrogate parent.
- E. Responsibilities
- A surrogate parent may represent a child in all matters related to:
1. The evaluation and assessment of the child.
  2. The development and implementation of the child's IFSP's, including annual evaluations and periodic reviews.
  3. The ongoing provision of early intervention services to the child.
  4. Any other rights under this section.
- F. Procedures for Selecting Surrogate
1. Any representative of a participating agency who identifies a child who is potentially eligible for early intervention services, and who becomes aware of the fact that one of the three categories above applies, will file a request with the director of the participating agency for assignment of a surrogate parent to the child.
  2. The surrogate parent must meet the requirements listed in the criteria above.

Confidentiality of Information [§303.460]

The lead agency has adopted policies and procedures that the State will follow in order to ensure the protection of any personally identifiable information collected, used, or maintained in early intervention, including the right of parents to written notice of, and written consent to, the exchange of this information among agencies consistent with Federal and State law.

Personally Identifiable Information [§303.401]

Families maintain the "...right to confidentiality of personally identifiable information," including the right of parents or guardians to written notices of and written consent to the exchange of information among agencies consistent with federal and state law. Utah insures the protection of personally identifiable information which is collected, used or maintained under Part C.

Personally identifiable refers to information which includes:

- A. The name of the child, the child's parent, or other family member;
- B. The address of the child;
- C. A personal identifier, such as the child's or parent's social security number, Medicaid number, or;
- D. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

#### Notice to Parents [§300.561]

- A. The lead agency gives notice that is adequate to fully inform parents about the requirements of confidentiality of personally identifiable information, including -
  - 1. a description of the extent that the notice is given in the native languages of the various population groups in the state;
  - 2. a description of:
    - a. the children on whom personally identifiable information is sought;
    - b. the methods the lead agency intends to use in gathering the information (including the sources from whom information is gathered); and,
    - c. the uses to be made of the information.
  - 3. A summary of the policies and procedures that participating agencies must follow regarding storage, disclosure to third parties, retention and destruction of personally identifiable information; and,
  - 4. a description of all the rights of parents and children regarding this information, including the rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and implementing regulations in 34 CFR part 99.
- B. Before any major identification, location, or evaluation activity, the notice is published or announced in newspapers or other media, or both, with circulation adequate to notify parents throughout the state of the activity.

#### Access Rights [§300.562]

- A. Each participating agency permits parents to inspect and review any education records relating to their children that are collected, maintained, or used by the agency. The agency will comply with a request without unnecessary delay and before any meeting regarding an IFSP or any hearing relating to the identification, evaluation, or educational placement of the child, and in no case more than 45 days after the request has been made.
- B. The right to inspect and review education records includes -
  - 1. The right to a response from the participating agency to reasonable requests for explanations and interpretations of the records;
  - 2. The right to request that the agency provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and,
  - 3. The right to have a representative of the parent inspect and review the records.
- C. An agency may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation, and divorce.

#### Record of Access [§300.563]

Each participating agency keeps a record of parties obtaining access to education records collected, maintained, or used under Part C (except access by parents and authorized employees of the participating agency), including -

- A. the name of the party
- B. the date access was given
- C. the purpose for which the party is authorized to use the records

#### Records on More Than One Child [§300.564]

If any education record includes information on more than one child, the parents of those children have the right to inspect and review only information relating to their child or be informed of that specific information.

#### List of Types and Locations of Information [§300.565]

Each participating agency provides parents on request a list of the types and locations of education records collected, maintained, or used by the agency.

#### Fees [§300.566]

- A. Each participating agency may charge a fee for copies of records that are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records.
- B. A participating agency may not charge a fee to search for or to retrieve information.

#### Amendment of Records at Parent's Request [§300.567]

- A. A parent who believes that information in the education records collected, maintained, or used under Part C is inaccurate or misleading or violates the privacy or other rights of the child may request the participating agency that maintains the information to amend the information.
- B. The agency decides whether to amend the information in accordance with the request within a reasonable period of time of receipt of the request.
- C. If the agency decides to refuse to amend the information in accordance with the request, it informs the parent of the refusal and advise the parent of the right to a hearing.

#### Opportunity for a Hearing [§300.568]

The agency, on request, provides an opportunity for a hearing to challenge information in education records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.

#### Result of Hearing [§300.569]

- A. If, as a result of the hearing, the agency decides that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of the child, it amends the information accordingly and so inform the parent in writing.
- B. If, as a result of the hearing, the agency decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, it informs the parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.
- C. Any explanation placed in the records of the child under this section must -
  - 1. Be maintained by the agency as part of the records of the child as long as the record or contested portion is maintained by the agency; and,
  - 2. If the records of the child or the contested portion is disclosed by the agency to any party, the explanation must also be disclosed to the party.

#### Hearing Procedures [§300.570]

A hearing is conducted according to the procedures under 34 CFR 99.22.

### Consent [§300.571]

- A. Parental consent is obtained before personally identifiable information is -
  - 1. Disclosed to anyone other than officials of participating agencies collecting or using the information under Part C; or,
  - 2. Used for any purpose other than meeting a requirement of Part C.
- B. An educational agency or institution subject to 34 CFR part 99 may not release information from education records to participating agencies without parental consent unless authorized to do so under part 99.
- C. The lead agency provides policies and procedures that are used in the event that a parent refuses to provide consent.

### Safeguards [§300.572]

- A. Each participating agency protects the confidentiality of personally identifiable information at collection, storage, disclosure and destruction stages.
- B. One official at each participating agency assumes responsibility for ensuring the confidentiality of any personally identifiable information.
- C. All persons collecting or using personally identifiable information receive training or instruction regarding the state's policies and procedures for confidentiality.

### Destruction of Information [§300.573]

- A. The public agency informs parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide educational services to the child.
- B. The information must be destroyed at the request of the parents. However, a permanent record of a child's name, address, and phone number, his or her grades, attendance record, classes attended, grade level completed, and year completed may be maintained without the time limitation.

### Children's Rights [§300.574]

The lead agency provides policies and procedures regarding the extent to which children are afforded rights of privacy similar to those afforded rights of privacy similar to those afforded to parents, taking into consideration the age of the child and type or severity of disability.

### Enforcement [§300.575]

The lead agency provides the policies and procedures, including sanctions, that the state uses to ensure that its policies and procedures are followed and that the requirements of the Act and the regulations are met.

### Mediation [§303.419]

- A. The lead agency has also established and implemented procedures that allow parties with disputes to engage in a mediation process which, at a minimum, must be available whenever an administrative review is requested.
- B. The procedures meet the following requirements:
  - 1. Ensures that the process
    - a. is voluntary on the part of the parties;
    - b. is not used to deny or delay a parent's right to an administrative resolution hearing, or to deny any other rights afforded under Part C; and,

- c. is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
- 2. The lead agency maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of early intervention services. Mediators are selected on a random basis from the list.
- 3. The lead agency bears the cost of the mediation process, including the costs of meetings related to the process.
- 4. Each session in the mediation process is scheduled in a timely manner and is held in a location that is convenient to the parties to the dispute.
- 5. An agreement reached by the parties to the dispute in the mediation process is set forth in a written mediation agreement.
- 6. Discussions that occur during the mediation process are confidential and may not be used as evidence in any subsequent administrative resolution hearings or civil proceedings, and the parties to the mediation process are required to sign a confidentiality pledge prior to the commencement of the process.

C. Impartiality of Mediator [§300.194]

Impartiality of the mediator is maintained by insuring that an individual who serves as a mediator for early intervention -

- 1. is not an employee of:
  - a. any local early intervention program or state agency receiving funds under Part C;
  - b. any state agency that is providing direct services to a child who is the subject of the mediation process; and,
- 2. must not have a personal or professional conflict of interest.

A person who qualifies as a mediator is not an employee solely because he or she is paid by the agency to serve as a mediator.

D. Meeting to Encourage Mediation

- 1. The lead agency recommends that parents who elect not to use the mediation process, meet at a time and location convenient to the parents, with a disinterested party -
  - a. who is under contract with a parent training center or community parent resource center in the state, or an appropriate alternative dispute resolution entity; and,
  - b. who would explain the benefits of the mediation process and encourage the parents to use the process.
  - c. the meeting must be held at a time and place convenient to the family and conducted in the family's native language

2. The lead agency may not deny or delay a parent's rights to an administrative resolution process hearing if the parent fails to participate in the meeting described above.

Administrative Resolution of Individual Child Complaints [§303.420]

Utah has in place procedures for the timely administrative resolution of individual child complaints by parents. Any parent who is aggrieved by a decision to initiate or change, or refuse to initiate or change, the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services to the infant or toddler, may initiate a complaint to request an administrative review by submitting in writing their complaint to the Baby Watch Early Intervention state office at 44 North Medical Dr. Salt Lake City, Utah 84114-4720.

A. Appointment of an Impartial Person [34 CFR §303.421]

The Baby Watch Early Intervention state office will initiate the selection of the impartial person. The impartial person will be selected at random, to preside over and make decisions for the administrative review.

1. Definition of Impartial Person
  - a. is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child
  - b. does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process;
2. The impartial person must have knowledge about the provisions of Part C of IDEA and the needs of, and services available for eligible children and their families;
3. The impartial person shall:
  - a. listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint.
  - b. provide a record of the proceedings, including a written decision.

The decision of the impartial decision-maker is binding unless it is reversed on appeal.

A person who otherwise qualifies is not considered an employee solely because he/she is paid by the agency to implement the complaint resolution process.

B. Parent Rights in Administrative Proceedings [§303.422]

The Utah Department of Health ensures that the parents of Part C eligible children involved in the administrative review are afforded the following rights:

1. to be accompanied and advised by counsel and others with special knowledge or training with respect to early intervention services for children under Part C of IDEA,

2. to present evidence and confront, cross-examine and compel the attendance of witnesses,
3. to prohibit the introduction of any evidence at the proceeding which has not been disclosed to the parent at least five (5) days prior to the proceeding,
4. to obtain a written or electronic verbatim transcription of the administrative review,
5. to obtain written findings of fact and decisions,

C. Convenience of Proceedings; Timelines [§303.423]

1. Any proceeding for implementing the administrative review must be carried out at time and place that is reasonably convenient to the parents, and
2. No later than thirty (30) calendar days after the receipt of a parent's complaint, the required impartial administrative review proceeding is completed, and a written decision mailed to each of the parties.

D. Civil Action [§303.424]

Any party aggrieved by the findings and decision regarding an administrative complaint shall have the right to bring a civil action with respect to the complaint, in any state court of competent jurisdiction or a Federal court under Section 680(1) of IDEA.

E. Status of a Child During Proceedings [§303.425]

1. During the pendency of any proceeding involving a complaint under Part C, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.
2. If the complaint involves an application for initial services under Part C, the child must receive those services that are not in dispute.

F. Dissemination of information regarding the Administrative Review [§303.510]

The administrative review for individual child complaints, complaint resolution, and mediation procedures are disseminated widely to parents. Parents should receive a written copy or verbal explanation of each procedure at times when parent rights (procedural safeguards) are discussed or when written copies are given to families. These procedures are included in materials distributed to Utah's Parent Center (PTI), members of the ICC and their participating agencies, other identified parent advocacy, and early childhood groups, and any other entities as may be appropriate. They are included in the Baby Watch Early Intervention Procedure Manual for local service delivery personnel.

## SUPERVISION AND MONITORING OF PROGRAMS

### [§303.501]

The lead agency is responsible for -

1. the general administration and supervision of programs and activities receiving assistance under Part C; and,
2. the monitoring of programs and activities used by the State of Utah to carry out Part C, whether or not such programs or activities are receiving assistance under Part C, to ensure that Utah is complying with Part C requirements.

#### Methods of Administering Programs

In meeting these requirements, the lead agency has adopted the use of proper methods of administering each program, including -

1. Monitoring agencies, institutions, and organizations used by the state to carry out Part C.

Each year every local, direct service program undergoes two types of evaluation and monitoring: 1) compliance monitoring; and, 2) a needs assessment to determine technical assistance activities for the program. In addition to these, programs participate in the following:

- A. Annual Application Approval Process: Each year, all providers are required to submit an application for funding. This application includes the methods by which the organization is implementing State and Federal statutes, policies and procedures
- B. Annual Contract Development and Establishment: Contracts are issued to local programs once the required components of the application have been reviewed and approved by the Baby Watch Early Intervention Staff. Contract provisions ensure that administrative, service, personnel, data reporting and other standards as outlined in Utah's Procedure Manual are guaranteed.

Contracts contain assurances to the Utah Department of Health that all applicable state and federal regulations pertaining to the Part C early intervention system will be followed. These assurances will be measured through consumer satisfaction surveys, self evaluation and/or administrative/compliance reviews. These may include, but are not limited to:

- A. Biannual compliance review (more often if special circumstances indicate the need) is conducted by the lead agency, or its representative, or other State or Federal agencies to determine if the contractor is in compliance with State and Federal requirements. This evaluation includes a review of the records, policies, and procedures required in the provision of early intervention under Part C in Utah.
- B. Local early intervention programs complete a self-evaluation on years when an administrative review is not performed by the lead agency, or as requested. This

evaluation includes evaluation of the quality of service delivery as well a review of program records, policies, and procedures. A summary of this evaluation is submitted to the lead agency.

- C. Local early intervention programs agree to comply with the provision of ADA including a facilities review by regulatory authorities.

#### Consumer Satisfaction Survey

Surveys are utilized annually to solicit consumer feedback concerning the quality of early intervention services statewide. Consumers may include parents/guardians, professional staff members, community members, or any interested persons who have involvement with early intervention.

#### Fiscal Audits

Fiscal audits are conducted in compliance with State of Utah audit policies and procedures and Federal regulations.

- 2. Enforcement of obligations imposed on participating agencies or providers under Part C in Utah.
  - A. A report of the findings of the compliance review are sent to the participating agency within forty-five days of the date of the review. This report of findings may include, but not be limited to, areas for commendation, areas recommended for technical assistance, and areas of non-compliance or deficiency. The report may also suggest strategies for correction of non-compliance or deficiencies.
  - B. The participating agency or provider sends a response to the lead agency within thirty days of the receipt of the report of findings. This response must provide the following:
    - 1. a statement of agreement or disagreement with the findings
    - 2. in cases of disagreement with the findings, a statement of the reason(s) for disagreement and documentation to indicate where the agency or provider feels it is in compliance on these issues
    - 3. the development of action plans with strategies and timelines for correction and prevention of non-compliance identified during an administrative or self-evaluation review.
  - C. Within 15 days of the receipt of the agency or provider response to the administrative review, the lead agency (1) notifies the participating agency or provider of acceptance of the timeline and strategies, or (2) notifies the agency or provider of the intent to negotiate with the agency and revise the timeline and/or strategies.
- 3. Providing technical assistance to those agencies, institutions, and organizations

Follow-up visits for technical assistance by the lead agency are provided as agreed upon by the Department of Health and the participating agency or provider.

4. Correcting deficiencies that are identified through monitoring

If the participating agency or provider fails to take steps to correct any identified areas of non-compliance or deficiency, or fails to implement any component of the timeline and strategies, the compliance team will notify the administrator and/or the board chairperson of the participating agency of the following:

- A. that the local early intervention service provider's failure to correct the identified area of non-compliance or deficiency constitutes non-compliance with federal and/or state laws, regulations or procedures.
- B. that actions will be taken by the Division of Community and Family Health Services, Utah Department of Health, to enforce obligations under federal law and state regulations imposed on the local agency through its contract with the Department of Health.
- C. that the consequences of the enforcement actions of the Division of Community and Family Health Services may effect the continued and future federal and state funding of said agency or provider. Such consequences could include:
  - i. requirement of the participating agency or provider to repay the misspent or misapplied funds; and/or
  - ii. withholding of funds until corrective action is taken by the participating agency or provider; and/or
  - iii. cancellation of the State's contract with the participating agency or provider.
- D. that the agency or provider has the right to appeal the decision through the lead agency's procedure for resolving complaints<sup>29</sup>.

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<sup>29</sup> See, "Lead Agency Procedures for Resolving Complaints", following page

## **COMPLAINT RESOLUTION PROCEDURES** **[§303.510 - 303.512 and Applicable Notes]**

The lead agency, the Utah Department of Health, shall review, investigate and act on any written complaint(s) that there is a violation of Part C requirements. Such violations can include, but are not limited to: contractual, statutory, or regulatory requirements of Part C; or any other applicable regulations (e.g. FERPA, EDGAR, etc.); or with Utah's Early Intervention Program standards, policies or procedures. Complaints received under these regulations could concern violations by:

1. any public agency in the state that receives funds under Part C (includes the lead agency and the ICC);
2. other public agencies that are involved in the State's early intervention program; or
3. private service providers receiving Part C funds on a contract basis from a public agency (state or local) to carry out a given function or provide a given service required under Part C.

The lead agency is responsible for (a) investigating any complaint that it receives (including individual child complaints [§303.420 - 303.425] and those that are systemic in nature [§303.510 – 303.512]), and (b) resolving the complaint if the agency determines that a violation has occurred. The complaint will be resolved and a written decision issued within sixty (60) calendar days from the filing of the complaint. An extension of the time limit is allowed only if exceptional circumstances exist. Individual child complaints are addressed under the protocol for the administrative resolution proceedings and timelines in the section on Procedural Safeguards.

If a written complaint is received that is also the subject of an administrative review under [§303.420], or contains multiple issues, of which one or more may be part of that hearing, the lead agency will set aside any part of the complaint that is being addressed in the administrative review until the conclusion of the hearing. However, any issue in the complaint that is not a part of the administrative review must be resolved within the 60-calendar-day timeline. [§303.512]

If an issue is raised in a complaint that has previously been decided in an administrative review involving the same parties, then the hearing decision is binding. The Baby Watch Early Intervention Program would inform the complainant to that effect. A complaint alleging a public agency's failure to implement an administrative review decision, would have to be resolved by the lead agency.

The alleged violation must have occurred not more than one year prior to the date that the complaint is received by the lead agency unless a longer period is reasonable because the violation is continuing, or the complainant is requesting compensatory services for a violation that occurred not more than three years prior to the date the complaint is received by the lead agency. Such allegations may be made by public agencies, public employees, private individuals or organizations filing from in- or out-of-state. Upon receipt of a complaint, the lead agency will notify the complainant of the option of filing a complaint with the public agency and of the right to have the lead agency review the public agency's decision relative to the complaint [§303.510]

The complaint resolution, administrative review for individual child complaints, and mediation procedures are is widely disseminated to parents and other interested individuals. Parents should receive a written copy or verbal explanation of these procedures at times when procedural safeguards (parent rights) are discussed, and when copies of the procedural safeguards are given to families. The procedures are included in materials distributed to Utah's Parent Center (PTI), members of the ICC and their participating agencies, other identified parent advocacy, and early childhood groups, and any other entities as may be appropriate. The procedures are included in the Baby Watch Early Intervention Procedure Manual for local service delivery personnel.

The lead agency has 60 calendar days after a complaint is filed to:

1. carry out an independent on-site investigation, if the lead agency determines that such an investigation is necessary;
2. give the complainant the opportunity to submit additional, either orally or in writing, about the allegations in the complaint;
3. review all relevant information and make an independent determination as to whether the public agency is violating a requirement of Part C; and
4. issue a written decision to the complainant that addresses each allegation in the complaint and contains
  - a. findings of facts and conclusions; and
  - b. the reasons for the lead agency's final decision.

An extension of the time limit is allowed only if exceptional circumstances exist with respect to the complaint. Procedures shall include strategies for effective implementation of the lead agency's final decision including technical assistance activities, negotiations, and corrective actions to achieve compliance.

## **ASSURANCES ON POLICIES RELATED TO PAYMENT FOR SERVICES [§303.520]**

The lead agency, the Department of Health, is responsible for establishing policies related to how services to children eligible for early intervention and their families will be paid. The policies:

- a. comply with Part C regulations;
- b. are reflected in interagency agreements

### Utah's funding policies:

- a. specify which functions and services are provided at no cost to all parents.
- b. specify the functions and services that are subject to a system of co-payments designed according to a sliding fee schedule, that includes:
  1. information about the payment system and sliding fees that are used; and,
  2. the basis and amount of co-payments
- c. include an assurance that:
  1. fees will not be charged for the services that a child is otherwise entitled to receive at no cost to parents;
  2. the inability of the parents of an eligible child to pay for services will not result in the denial of services to the child or the child's family; and,
- d. disclose any fees that will be charged for early intervention services and the basis for those fees.

### Procedures to ensure the timely provision of services

Utah has implemented a mechanism to ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.

### Infants and Toddlers with Disabilities Covered by Private Insurance

- a. The lead agency will not require parents of infants and toddlers with disabilities, if they would incur a financial cost, to use private insurance proceeds to pay for services that must be provided to the eligible infant or toddler. The use of parent's insurance to pay for services must be voluntary.
- b. The term financial costs includes-
  1. an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim, but not including incidental costs such as the time needed to file an insurance claim or the postage needed to mail the claim.
  2. a decrease in available lifetime coverage or any other benefit under an insurance policy; and,
  3. an increase in premiums or the discontinuation of the policy.

Proceeds from Public or Private Insurance

Proceeds from public or private insurance may not be treated as program income for purposes of 34 CFR 80.25 and, therefore, will not reduce the Federal agency and grantee contributions.

**Policy Regarding Parent Fees**

**The state will establish a system of payments for early intervention services, including a schedule of sliding fees.**

The following are required functions that must be carried out at public expense by a state, and for which no fees may be charged to parents: [§303.521]

- Implementation of child find
- Evaluation & assessment functions
- Service coordination
- Administrative and coordinative activities related to:
  - 1) the development, review and evaluation of IFSP's and,
  - 2) the implementation of the procedural safeguards; and,
- Specialized services related to sensory loss provided through the Utah Schools for the Deaf & Blind Parent Infant Program (PIP) and/or Deafblind services.

Federal regulations state that, “The inability of the parents of an eligible child to pay for services will not result in the denial of services to the child or the child’s family...” [§303.520]

Identification And Coordination Of Resources [§303.522]

- a. The lead agency is responsible for
  1. the identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local and private sources.
  2. updating the information on the following funding sources if a legislative or policy change is made under any of those sources:
- b. The federal funding sources include:
  1. Title V of the Social Security Act (MCH);
  2. Title XIX of the Social Security Act (Medicaid and EPSDT);
  3. The Head Start Act;
  4. Parts B and C of the IDEA;
  5. The Developmental Disabilities Assistance and Bill of Rights Act (P.L. 94-103); and
  6. Other Federal Programs.

### Interagency Agreements [§303.523]

- a. The lead agency, the Department of Health, is responsible for entering into formal interagency agreements with other State level agencies involved in the State's early intervention system. Copies of current agreements can be found in Appendix A.
- b. Each agreement defines the financial responsibility of the agency for paying for early intervention services.
- c. Each agreement includes procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the early intervention program. These procedures include a mechanism for making a final determination that is binding upon the agencies involved.
- d. Each agreement includes any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the state's early intervention program.

### Coordinating Council for Persons with Disabilities (CCPD)

Currently, in Utah, there is State legislation that has been in place since July 1, 1991 (1991 H.B. 313), mandating service coordination for all agencies that provide services to persons with disabilities (ages birth to death). The Coordinating Council for Persons with Disabilities (CCPD) has been established and Bylaws written that contain the statutory language.<sup>30</sup> The Director of Community and Family Health Services Division of the Utah Department of Health, is a mandated member of the CCPD. According to CCPD Bylaws, the council has the authority to coordinate transition of persons with disabilities from one state agency to another; to coordinate policies governing the provision of all services and support for persons with disabilities; and to consider eligibility issues.

Utah's interagency agreements involving Part C reflect the role of the CCPD in resolving disputes, which is noted in Attachment A of the CCPD Interagency Dispute Resolution Agreement. A copy may be found at the end of Appendix A in this document.

In the process of dispute resolution, the CCPD:

- A. permits the agency to resolve its own internal disputes, as long as the agency acts in a timely manner; and,
- B. supports the process in each interagency agreement that the agencies will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner.

### Resolution Of Disputes [§303.524]

- a. The lead agency is responsible for resolving individual disputes.
- b. The lead agency is responsible for assigning financial responsibility to the appropriate agency during the resolution of disputes.
  1. During a dispute, financial responsibility is assigned to -
    - (a) An agency, other than the lead agency, responsible for providing early intervention services to an eligible child; or,
    - (b) The lead agency, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

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<sup>30</sup> Copies of the CCPD statute and bylaws are available through the Utah Department of Health upon request

2. If, during the lead agency's resolution of the dispute, the financial designee determines that the assignment of financial responsibility was inappropriately made-
  - (a) The financial designee shall reassign the responsibility to the appropriate agency; and,
  - (b) The lead agency makes arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.
- c. If a given agency is unable to resolve its own internal disputes in a timely manner, the lead agency, during the pendency of a dispute, assigns financial responsibility to itself as "payor of last resort" or to another agency. If, in resolving the dispute, the lead agency determines that the assignment to the other agency was inappropriately made, the lead agency reassigns the responsibility to the appropriate agency and makes arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.
  1. To the extent necessary to ensure compliance with its action, the lead agency will-
    - (a) Refer the dispute to the Council, the CCPD or the Governor; and,
    - (b) Implement the procedures to ensure the delivery of services in a timely manner.

Delivery Of Services In A Timely Manner [§303.525]

Utah ensures that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers in the following manner. Contracts are provided to early intervention agencies and providers throughout Utah with funds from a variety of sources to ensure a funding base for provision of services to Part C eligible children and families pending reimbursement to the lead agency from other payors. Thus, early intervention services are ensured regardless of possible disputes among public agencies or service providers on reimbursement issues.

Policy For Contracting Or Otherwise Arranging For Services [§303.526]

Utah's early intervention service system includes a policy pertaining to contracting or making other arrangements with public or private service providers to provider early intervention services. The policy includes -

- a. All early intervention contracts require service providers to meet both State of Utah contracting regulations, Part C and any other applicable regulations and procedures of the early intervention system required by the Individuals with Disabilities Education Act<sup>31</sup>.
- b. The process by which early intervention services are arranged is through equitable distribution of resources. Contracts are awarded through an annual application process. If the need arises to identify a new provider, the lead agency develops and disseminates a Request for Proposals to any interested party in the state. Prospective agencies submit a proposal for approval through a competitive review process conducted by the State Bureau of Purchasing and the Baby Watch Early Intervention Program before permission to contract with the individual or organization is granted or denied.

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<sup>31</sup> See Definition Section... Applicable Regulations

- c. It is a basic requirement of the lead agency that only individuals or organizations with a legal status recognized by the State of Utah may provide early intervention services. These recognized entities are as follows:

- LG = State or local government
- CU = College or University
- NP = Non-profit organization
- FP = For profit organization

#### Payor Of Last Resort [§303.527]

- a. Nonsubstitution of Funds  
Part C funds are not to be used to satisfy a financial commitment for services that would otherwise have been paid for from another public (Federal, State, local) or private source, including any medical program administered by the Secretary of Defense, i.e., Champlus. These funds do not supplant monies from other public and private sources already committed for services to this population. Funds may be used only for early intervention services that are needed by the child and identified on the IFSP, but the child is not currently entitled to under any other Federal, State, local or private source.
- b. Interim payments; reimbursement
  - 1. If necessary to prevent a delay in the timely provision of services to an eligible child or the child's family, Part C funds may be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.
  - 2. Payments may be made for:
    - a. early intervention services (see §303.12)
    - b. eligible health services (see §303.13)
    - c. other functions and services authorized under Part C, including child-find, evaluation and assessment
- c. The Part C allocation is not construed as rationale for altering or reducing any available medical assistance program in the State, nor does it result in the limitation of eligibility for participation in Title V or Title XIX programs within the State.

#### Reimbursement Procedure [§303.528]

Occasionally, other entities are responsible for providing payment for specific early intervention services. In order to ensure timely provision of such services, in exceptional cases, Part C funds may need to be utilized to provide interim payments. Reimbursement from the responsible parties is accomplished through existing State of Utah accounts receivable protocols. At the local level, corresponding, reimbursement procedures are implemented to recover interim payments at the direct service level.

#### Reporting Requirements - Data Collection [§618(a)]

The lead agency, the Department of Health, collects data directly from each agency and provider participating in Part C early intervention service delivery in Utah. Sampling is not used. These data are collected by means of the forms developed and updated as needed by state early intervention staff. The forms contain all data elements needed to satisfy both Part C requirements and State needs, including data on:

1. the number of children with disabilities, by race and ethnicity, who are receiving early intervention services [§618(a)(1)(A)(ii)]
2. the number of children with disabilities, by race and ethnicity who, from birth through age 2, stopped receiving early intervention services because of program completion or for other reasons [§618(a)(1)(A)(vi)];
3. the number of infants and toddlers, by race and ethnicity, who are at risk of having substantial developmental delays who are being followed through Utah's Tracking and Monitoring System

All data required under Part C of IDEA and any other information the Secretary may require are provided at the time and in the manner specified by the Secretary.

#### Collecting Data From Various Agencies and Service Providers in the State

Each local early intervention program that contracts with the Utah department of Health is required to report any and all data requested by the lead agency and the United States Department of Education for child count, program evaluation, efficacy studies, advocacy and other purposes. While each program has developed its own data management system, data reporting is standardized statewide. Most programs utilize database systems to accomplish this function. Standard data fields include, but are not limited to, client demographic information, including race and ethnicity; the number and discipline of personnel working in early intervention; frequency, intensity and location of services; and transition information on children leaving Part C services.

#### Sampling

Utah currently does not use sampling in its data collection, but reserves the prerogative to do so.

#### Federal Data Reporting

Currently, the state Baby Watch Program collects aggregate data from the local providers to accomplish contract reimbursement, program evaluation and Federal reporting. Information collected and reported on child count, numbers and disciplines of service providers, location of service delivery, etc. complies with requirements under §618 of the Individuals with Disabilities Education Act. Utah is current in its Federal reporting status.